



Village of Forest Park
517 Desplaines Ave.
Forest Park, IL 60130
Phone: (708)366-2323
Fax: (708)771-0177
www.forestpark.net

Office Use Only:

_____ Pages @ .25 = _____

Date: _____

Initial: _____

REQUEST FOR RECORDS

On the _____ day of _____, 20____, at the hour of _____, ____m., the following individual(s) appeared in person at _____ submitted a written request to the office of the Village Clerk of Forest Park:

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

and asked to inspect to have copies of the following records:

RECEIVED ABOVE DOCUMENTS: Signature: _____

For Office Use Only

The records were presented to such individual(s) for inspection at the hour of _____, ____m., except for _____

_____. The reason (s) for not providing the above records (or portion of the records) was/were: _____

Of the records requested, copies of the following records were provided to or made for the individual (s) making the request: _____

Signature of Employee: _____ Witness: _____

Date: _____