



PO BOX 20  
ELKHART IL 62634 - 0020

(217) 947-2287

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## Freedom of Information Request

**VILLAGE OF ELKHART**

Attn: Village Clerk  
PO Box 20  
Elkhart, IL 62634-0020

DATE: \_\_\_\_\_

*For Office Use Only*

DUE: \_\_\_\_\_

COMPLETION: \_\_\_\_\_

I hereby request production of the following records. I am describing them in detail, and I will use the reverse side if necessary, or attach a separate sheet of paper.

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Check which of the following apply:

\_\_\_\_\_ I will inspect these records at the Village Hall.

\_\_\_\_\_ I request copies of the following records and agree to pay the appropriate fee if requesting copies of all records listed above, state "all".

Name: (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Representing: \_\_\_\_\_

Signature: \_\_\_\_\_

Please Allow the VILLAGE OF ELKHART Seven (7) Working Days to Respond to Your Request