



Rockford Township

401 W State Street, suite 100 • Rockford, IL 61101 • 815/965-0300

Ken Crowley, *Assessor*

FREEDOM OF INFORMATION ACT REQUEST FORM

Date: _____ Is the request for commercial purposes? Yes ____ No ____

Requestor's Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Requestor's Email Address: _____

Description of requested record(s). List records requested below. Please be specific.

Requestor's Signature: _____

Return Form to: Rockford Township, FOIA Officer, 401 W State Street, Suite 100, Rockford, IL 61101; or email to paigeansley@rockfordtownshipil.gov

FOR OFFICE USE ONLY:

Date Received: _____ Date Response Due: _____

Date Records made available: _____

Request denied and reason: _____

Number of copies made: _____ Fee over 50, \$0.15 per page: _____

Notes: _____
