

CITY OF PLANO

17 E. Main St., Plano, IL 60545
(630)552-8275 Fax: (630)552-8292

Date Request

Received: _____

Request for Copies of Records under the Illinois Freedom of Information Act

Due Date: _____

Date Fulfilled: _____

For Office Use Only

Name of Person Making Request:

Address of Person Making Request:

(Mailing Address)

(City)

(State)

Telephone Number of Person Making Request: _____

Fax Number: _____ email _____

Describe in detail below the public records you are requesting and state whether you wish to inspect and/or copy such records. Also, please state whether such public records are to be certified.

_____ Copy _____ Inspect Only _____ Certify (circle one) Yes / No

Is this request for a Commercial Purpose (circle one)? Yes No

The City of Plano will respond to the above request within five (5) working days.

Signature of person making request

Copying charge: Black and white copies (letter or legal size) –No charge for 1st 50
pages- \$0.15 per page thereafter

Certification: \$1.00

Maps: \$5.00 each

Subdivision Control Ordinance - \$30.00 each

Mailing: Cost of Postage

DEPARTMENT RESPONSE: (Please check one):

_____ Information Attached _____ No Information Available

___ Information Available For Review at City Office

Department Response (Sign here _____)

