

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 _____)

