FREEDOM OF INFORMATION ACT REQUEST FORM

LOGAN COUNTY CLERK AND RECORDER OF DEEDS
601 Broadway
Lincoln IL 62656

Requestor's Name	Telephone Number
Address	Email address
City-State-Zip	Will this material be used for commercial/solicitation purposes?
Signature	

RECORDS SOUGHT(Be Specific)

_____

_____

_____

Choose One:

1)__☐__I would like the documents mailed. **Mailing address:** **Name_____**
Address_____
City, State, Zip_____

2)__☐__I would like the documents emailed. **Email address: _____**

The first fifty(50) pages of black and white letter or legal size pages shall be provided free of charge. Any additional pages shall be charged $.15 per page. Transcription of taped or electronic material shall be the actual cost of reproducing the records excluding any personnel costs. If the information requested is to be mailed, an additional charge for postage will be included. The department will respond to your request within five (5) business days after it is received.

If documents are to be used for commercial/solicitation purposes, provide a statement indicating the purpose for the request.

**********FOR OFFICE USE ONLY**********

RESPONSE: **DATE REQUEST RECEIVED_____**

RESPONSE DATE_____

Records made available:_____

_____

_____

Request denied, and reason:_____

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