

**Village of Heyworth**

108 S. Buchanan Street  
P.O. Box 439  
Heyworth, IL 61745-0439  
P: (309) 473-2811  
F: (309) 473-2291



**VILLAGE OF HEYWORTH  
REQUEST FOR RECORDS IN ACCORDANCE  
WITH THE FREEDOM OF INFORMATION ACT**

I am requesting a: Copy \_\_\_\_ To Inspect \_\_\_\_ To Certify \_\_\_\_ the following public records:

Information Requested: (Please be specific): \_\_\_\_\_

Requested By: Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Date Requested: \_\_\_\_\_

I would like to receive my response: \_\_\_\_ In Electronic Format (if available) \_\_\_\_ By Mail \_\_\_\_ By Pick-Up.

Will this material be used for commercial purposes? Yes \_\_\_\_ No \_\_\_\_

The charge will be \_\_\_\_\_ cents per copy (each side). Certification of documents is an additional \$ \_\_\_\_\_

A response to your request may be made within five (5) working days of the receipt of this request, unless the request is for a commercial purpose or a different time is mutually agreed.

**FOR OFFICE USE ONLY:**

Information Received: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_  
Print Name Signature

Response Date By: \_\_\_\_\_ Response Given On: \_\_\_\_\_

Number of Photocopies: \_\_\_\_\_ Total Cost: \_\_\_\_\_

Photocopying Fees: \_\_\_\_\_ Paid in Full: \_\_\_\_\_

Certified Fees: \_\_\_\_\_ Form of Payment: \_\_\_\_\_

Information given by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional time requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

The request was: Granted \_\_\_\_ Granted with Redactions \_\_\_\_ Denied \_\_\_\_

If denied, the basis of the denial was: \_\_\_\_\_

Decision made by: \_\_\_\_\_