

**ADAMS COUNTY CLERK
REQUEST FOR PUBLIC RECORDS
Under the Illinois Freedom of Information Act**

Company Name (If Applicable) or Organization (If Any)			Business Phone # Area Code () --
Requestor's Name			Daytime Phone # Area Code () --
Address (Street and Number)			Home Phone # Area Code () --
City	State	Zip Code	E-mail Address
<input type="checkbox"/> I wish to inspect these items <input type="checkbox"/> I would like copies of these items <input type="checkbox"/> I would like to both inspect these items and obtain copies of them			
Pursuant to the Freedom of Information Act describe in detail the public record you are requesting (Attach additional sheets, if necessary)			
For what purpose are you requesting the information (Attach additional sheets, if necessary)			
By my signature I, the undersigned, agree that the information obtained will not be used to violate individual privacy, nor for the purpose of furthering a commercial enterprise nor to disrupt the duly undertaken work of the public body. I understand the Office has seven (7) working days to respond following the date the request is received. I also understand I may be charged with costs associated with this request.			
_____ Signature of Requestor			_____ Date
Please submit this completed request to: ADAMS COUNTY CLERK 507 VERMONT ST. QUINCY, IL 62301 <div style="float: right; text-align: right;"> Telephone No: (217) 277-2150 Fax No: (217) 277-2155 </div>			
FOR OFFICE USE ONLY			
This section to be completed by the employee fulfilling this request.			
Date request form received: _____		Receiving agent's name: _____	
Fee charged, if applicable: _____			