**Section 1951.APPENDIX A Request for Public Records**

|  |  |  |  |
| --- | --- | --- | --- |
| TO: |  | FROM: |  |
|  | FOI OFFICER |  | NAME |
|  | Illinois State Historical |  |  |
|  | Library |  |  |
|  | Old State Capitol |  | ADDRESS |
|  | Springfield, IL 62706 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | PHONE NUMBER |

DESCRIPTION OF REQUESTED RECORD(S):

Please indicate if you wish to inspect the above captioned records or wish a copy of them:

\_\_\_\_\_Inspection \_\_\_\_\_Copy \_\_\_\_\_Both

Do you wish to have copies certified? \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |
| FOR OFFICE USE ONLY: |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date Received |  | Date Response Due |