

City of Clinton Illinois

118 W. Washington St Clinton, IL 61727 Ph: 217-935-9438

Fax: 217-935-4136

FREEDOM OF INFORMATION ACT **REQUEST FORM**

REQUEST DATE	NAME		
REQUESTOR ADDRESS			
STREET	CI	TY STATE	ZIP
TELEPHONE NUMBER	EMAIL		
INFORMATION REQUEST (PLEASE I	BE SPECIFIC AND PRINT CLEAR	LY)	
TIME PERIOD FOR RECORDS: ST	ΓART DATE	END DATE	
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REQUESTOR SIGNATURE			

RETURN FORM TO: CITY OF CLINTON

C/O FREEDOM OF INFORMATION ACT OFFICER 118 W. WASHINGTON CLINTON, IL 61727