



**ROCKFORD TOWNSHIP  
RECOMMENDED REQUEST FOR PUBLIC RECORDS FORM**

**TO: Jasper St. Angel  
Rockford Township Supervisor  
119 North Church St., #400  
Rockford, Illinois 61101**

**FROM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_  
**Phone Number**

**Description of information: Use an addendum for additional items requested:**

- 1.
- 2.
- 3.
- 4.

I wish to \_\_\_ inspect or \_\_\_ copy the records.

Please respond by \_\_\_ mail \_\_\_ fax \_\_\_ email

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Fax** \_\_\_\_\_  
**Email** \_\_\_\_\_

**For office use only:**

**Date Received by Rockford Township** \_\_\_\_\_

**Date Response Due:** \_\_\_\_\_ (within 5 working days unless extended in writing)

**Extension needed or requested reason:** \_\_\_\_\_

**Pages 1-50 are free. Over 50, copying charge .15 per page**

**Records request #** \_\_\_\_\_ **are exempt from disclosure pursuant to 5 ILCS 140/7 (1)** \_\_\_\_\_.

**The time for responding to your request is being delayed until** \_\_\_\_\_ **(not more than 7 additional working days pursuant to (5 ILCS 140/3(\_\_\_\_)(\_\_\_\_)).**