

**City of Kinmundy**  
**Request for Public Records**  
 Under the Illinois Freedom of Information Act

Company Name (If Applicable)	Business Phone #
Requestor's Name	Daytime Phone #
Address (Street Number)	
City	State
Zip	
Request is made to (Check one or both): <input type="checkbox"/> inspect <input type="checkbox"/> copy	
<b>***Copies are \$0.35 per page.</b>	
Pursuant to the Freedom of Information Act, describe in detail the public record you are requesting.	
I certify that this request is not for the purpose of furthering any commercial enterprise and that I am subject to prosecution for making this certification falsely. I understand that the office has seven (7) working days to respond to the following date the request is received. I also understand that the office may take seven (7) additional working days, if necessary, to fill my request. I understand that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for the denial. I also understand that I may be charged with costs associated with this request.	
Signature:	Date:
<b>Please submit this completed request to:</b> <b>City of Kinmundy</b> <b>115 W. Third Street</b> <b>Kinmundy, IL 62854</b>	
FOR OFFICE USE ONLY:	
Date Received:	Date Responded:
Notes:	
Fee:	