

**HERRIN, ILLINOIS**  
**REQUEST FOR RECORDS**

I, the undersigned, do hereby request to review\_\_\_\_\_ and/or copy\_\_\_\_\_ (please check one) those records maintained by the City of Herrin, Illinois which pertain to (please be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I acknowledge that photocopies are \$0.15 per page after the first 50 free, audiotapes are \$4.00 per tape, that certification is \$2.00 per document and any copies mailed to me will be forwarded certified mail at a cost of approximately \$5.79 per ounce. **I also acknowledge that all fees must be prepaid.**

I would like the requested copies mailed to me at the address provided below.

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Note: Please be reminded that all fees must be prepaid. Therefore, if you would like the copies mailed to you, we will contact you about the total price of the copies, certification, postage, etc. prior to mailing in order that you may remit payment. After receipt of payment, your copies will be mailed. To avoid a delay in receiving your copies, it is recommended that you retrieve your copies in the City Clerk's Office once they become available.

\_\_\_\_\_  
Name (Please print or type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Fax Number

Please submit the completed form to the City Clerk's Office, 300 North Park Avenue, Herrin, Illinois, 62948.

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**Acknowledgement of Receipt of Records**

By my signature, I hereby acknowledge that I received the above requested record(s) at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Request received on \_\_\_\_\_.

Total No. of photocopies _____	@ \$0.15 each	=	\$ _____	(first 50 are free)
Audio Tape _____	@ \$4.00 each	=	\$ _____	
Certified Mail _____ oz.	@ \$5.21 per oz.	=	\$ _____	