FREEDOM OF INFORMATION ACT REQUEST FORM COUNTY OF JASPER, ILLINOIS

| Date | | | SER SER |
|--|--|--------------------------------|------------------------------------|
| Requestor's Name | | | 1/1/NOIS |
| Company | | | FOIA Officer |
| Address | | | 204 W. Washington St Suite 2 |
| City, State, ZIP | | | Newton, IL 62448 _ 618-783-3124 |
| Phone Number | | | jaspercountyil.com - |
| Requestor's Email Address | ······································ | | - |
| RECORDS SOUGHT: List records re | • | ted below. Please be specific. | |
| Requestor's Signature | | | |
| Return completed FOIA Request Washington St., Suite 2, Newton, IL | | | |
| If your request is denied, you may f 500 S. 2 nd Street, Springfield, IL6270 | | • • | • |
| RESPONSE: | (For | Department Use Only) | |
| Records made available: | | Date | |
| Requested denied and reason: | | | |
| Copies made: ☐ Yes ☐ No | | | |
| Number | | Media Exemption | |
| Fee paid \$ | | | |
| Other (attach correspondence): | | | |
| | | | Date Stamp Receipt |