

County Administrator  
Whiteside County Courthouse  
200 E. Knox Street  
Morrison, IL 61270  
Voice: 815 / 772 - 5100  
Fax: 815 / 772 - 5252



**THE COUNTY OF WHITESIDE, ILLINOIS  
FREEDOM OF INFORMATION ACT REQUEST FORM**

**DATE:** \_\_\_\_\_ (Requests will be answered within 5 business days; 21 business days for commercial requests.)

**REQUESTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**INFORMATION REQUESTED** (Please be as specific as possible):

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

Will the information requested be used for a commercial purpose(Y/N): \_\_\_\_\_

I desire to \_\_\_\_\_ inspect / \_\_\_\_\_ receive a copy / \_\_\_\_\_ receive a certified copy.

If copies are to be sent, please indicate where the information should be sent:

... if by e-mail to: \_\_\_\_\_

... if by fax to: \_\_\_\_\_

... if by mail to: \_\_\_\_\_

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

**Copying Charge:** 1st 50 pgs - no charge; \$0.15/pg B&W, \$0.25/pg Color thereafter; Digital Media - Actual cost;\$1 per record for certification.

The County is not obligated to prepare any public record which was not maintained or prepared at the time of the request.

**Response to Request**

\_\_\_\_\_ request complied with by \_\_\_\_\_

\_\_\_\_\_ request denied because \_\_\_\_\_

*(You have the right to appeal under section 11 of 5 ILCS 140(Freedom of Information Act))*

\_\_\_\_\_ additional time to review request needed because \_\_\_\_\_

answer will be provided by \_\_\_\_\_

\_\_\_\_\_  
County Administrator