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FREEDOM OF INFORMATION ACT
REQUEST FOR PUBLIC RECORDS

NAME: _____

ADDRESS: _____

PHONE NO.: _____

E-MAIL ADDRESS: _____

In the space below, please describe as specific as possible, the public records you are requesting.

Do you want to inspect or receive a copy of the requested records?

Inspect _____ Copy _____ Both _____

Do you want to receive the requested records in hard copy or electronic form, if available?

Hard Copy _____ Electronic Form, if available _____

Is your request made for a commercial purpose as defined by the Freedom of Information Act (5 ILCS 140) (i.e., do you intend to sell the requested records or use the records in advertisement)?

Yes _____ No _____

Signature of Requestor _____ Date _____

FOR OFFICE USE ONLY

Date and Time of Receipt _____ How Request was Sent _____

FOIA Officer's Initials _____ Date and Time of Response _____