



REQUEST FOR PUBLIC RECORDS

Mail to: **Village of Hampton**
ATTN: FOIA Officer
PO Box 77
Hampton, IL 61256

REQUESTOR'S NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
EMAIL ADDRESS _____
TELEPHONE NO. _____
DATE OF REQUEST _____

Date Stamp

Please describe the public records you are requesting. In order to expedite the search for the records, please be as specific as possible.

Non-Commercial

Commercial

The Village will respond to or deny this request within five (5) working days.

Signature of Requestor

FOR RECORDS MANAGEMENT/VILLAGE USE ONLY	
Response (attach correspondence if necessary):	
Records made available for viewing <input type="checkbox"/>	Request denied <input type="checkbox"/> _____
Copies made Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
How Many? _____ Fee _____	Other <input type="checkbox"/> _____
Signature _____	Date _____
Title _____	
Requestor Notified <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone	
Comments: _____ _____ _____	
Department: ___ P. D. ___ Fire ___ Building ___ P/W ___ Admin ___ Other	