



# VILLAGE OF POPLAR GROVE

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**“A Great Place To Call Home”**

**Don Sattler**  
President

**Karri Anderberg**  
Clerk

## REQUEST FOR COPIES OF PUBLIC RECORDS

### UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT

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

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

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Person or entity represented: \_\_\_\_\_

Public record request (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you like your request sent back to you: \_\_\_ emailed \_\_\_ mailed \_\_\_ faxed

Please check if for commercial use:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Unless otherwise notified, your request for public records will be complied with within five (5) working days after its receipt.**