VILLAGE OF POPLAR GROVE

Poplar Grove, IL 61065
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"A Great Place To Call Home"

Kristi Richardson
President

Karri Miller
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.