



VILLAGE OF PAWNEE FREEDOM OF INFORMATION ACT REQUEST FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ E-mail: _____

Please provide a brief description of the public records being sought, being as specific as possible. Is this request for inspection of the public records listed below or for copies of the requested records?

Please attach any additional documents to this form. Mail or deliver to: Village of Pawnee 617 7th Street, Pawnee, IL 62558

(OFFICE USE ONLY)

Date Stamp Receipt

Response Date: ____/____/____

