

**SANGAMON COUNTY CLERK'S OFFICE - FREEDOM OF INFORMATION  
RECORDS REQUEST FORM**

**Please note: Vital Records; including birth, death and marriage records, cannot be  
obtained through the Freedom of Information Act.**

Department:             Vital Records                       Elections

(Please Print or type)

Date of Request: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Street)    (Phone Number)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pursuant to the provision of the Illinois Freedom of Information Act, I do hereby request to inspect and/or  
receive a copy of the following records:

\_\_\_\_\_  
\_\_\_\_\_

After the first 50 pages, there is a charge of .15 cents per page. All requests shall be complied with or denied,  
within 5 business days after receipt. If agreed to by both parties this time frame may be adjusted.

Should your request be denied in full or in part, you will be notified. If so, the information below will be  
applicable.

**Request for Review Information:**

If your request for records has been denied, in-whole or in-part, you have the right to appeal this decision to:

Illinois Attorney General's Office  
Public Access Review  
500 S. 2<sup>nd</sup> Street  
Springfield, IL 62706  
(217) 558-0486

[publicaccess@atg.state.il.us](mailto:publicaccess@atg.state.il.us)

You may also appeal your denial through the Sangamon County Circuit Court.

**Office Use:**

Date request received: \_\_\_\_\_ Date response is due: \_\_\_\_\_

Person who received request at County Clerks Office: \_\_\_\_\_

Date of compliance with request: \_\_\_\_\_ By: \_\_\_\_\_

Date of time extension agreement: \_\_\_\_\_ By: \_\_\_\_\_

# Copies Received: \_\_\_\_\_ Fee Charged: \_\_\_\_\_