



**ROCKFORD TOWNSHIP  
REQUEST FOR PUBLIC RECORDS**

**TO: Michael J. Goral  
Rockford Township Supervisor  
119 North Church St., #400  
Rockford, Illinois 61101**

**FROM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_  
**Phone Number**

**Description of information: Use an addendum for additional items requested:**

- 1.
- 2.
- 3.
- 4.

I wish to \_\_\_\_ inspect or \_\_\_\_ copy the records.

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**For office use only:**

**Date Received by Rockford Township** \_\_\_\_\_

**Date Response Due:** \_\_\_\_\_ (within 7 working days)

**Copying charge .25 per page (see attachment)**

**Records request # \_\_\_\_\_ are exempt from disclosure pursuant to 5 ILCS 140/7  
(1) \_\_\_\_\_.**

**The time for responding to your request is being delayed until  
\_\_\_\_\_ (not more than 7 additional working days pursuant to (5 ILCS  
140/3(\_\_\_\_)(\_\_\_\_)).**