WAYNE TOWNSHIP, ILLINOIS A-1. REQUEST FOR INSPECTION OR COPYING OF PUBLIC RECORDS

1.	Identification of person requesting information:
	a. Name:
	b. Address:
	c. Telephone:
	d. Email address:
2.	Additional information relating to organization. If this request is on behalf of a public body or business, civic or other organization, please state the following: a. Name of Organization: b. Address of Organization: c. Department/Title Within Organization:
3.	Description of public records requested. Please describe the records requested with sufficient detail to allow Township office personnel to determine whether such public record exists and to locate it within a reasonable time:
4.	Specify documents of which copies are requested:
5.	Will any part of the requested records be used in any form for sale, resale or solicitation or advertisement for sales or services?
	Signature
	nse will be sent via email unless otherwise requested. To avoid delay, print clearly. est requires more space, write on an additional sheet of paper.
For Tov	vnship Use Only
Date Re	ceived: Date Response Due:
Notatio	ns regarding oral communications or other items: