234 S. State St. P.O. Box #457 Hampshire, IL 60140



## FOIA REQUEST FORM

NAME:				
COMPANY NAME:				
ADDRESS:		CITY:	STATE:	ZIP:
PHONE #:		E-MAIL:		
DATE OF REQUEST:				
PLEASE SPECIFY THE WHETHER YOU WISH RECORD(S). ALSO, IDE	TO INSPECT	THE COPIES	OR RECEIVE	A COPY OF SUCH
COMMERCIAL	COPY	INSPI	ECT	CERTIFY

THE VILLAG EOF HAMPSHIRE WILL RESPOND TO THE ABOVE REQUEST WITHIN FIVE (5) BUSINESS DAYS FROM THE DATE OF RECEIPT. COMMERCIAL REQUESTS WILL BE RESPONDED TO WITHIN TWENTY-ONE (21) BUSINESS DAYS FROM THE DATE OF RECEIPT.

SIGNATURE

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_