

BOONE COUNTY GOVERNMENT
1212 Logan Avenue, Belvidere, IL 61008
(815) 547-4770 Fax (815) 547-3579
**VOLUNTARY FREEDOM OF INFORMATION ACT REQUEST
FOR RECORDS TO BE USED FOR A COMMERCIAL PURPOSE**

Date of Request: _____

Requester's Name: _____

Person/Entity Represented: _____

Address: _____

Phone: _____ Email: _____

Please describe in detail the specific records requested:

Requestor's Signature

Boone County will respond to this request within twenty-one (21) business days.

(Do not write below this line- for office use only)

Date Received: _____ Date Response Due: _____

Reviewed By: _____

____ Approved ____ Approved with Redactions ____ Denied ____ No Records Found

Reason for Denial: _____

Number of Copies _____ Fee: _____

Signature of Employee Responding: _____

Date of Response: _____