

**BOONE COUNTY GOVERNMENT**  
1212 Logan Avenue, Belvidere, IL 61008  
(815) 547-4770 Fax (815) 547-3579  
**VOLUNTARY FREEDOM OF INFORMATION ACT REQUEST**

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 five (5) business days. If the request requires an extension, five (5) additional business days will be requested, and will be sent to you in writing.

**(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: \_\_\_\_\_