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VILLAGE OF DUPO

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FREEDOM OF INFORMATION
REQUEST FOR PUBLIC RECORDS

TO: _____
FOI Officer

FROM: _____
NAME

Department / Agency

Address

Address

Phone Number

Description of Requested Record(s):

Please indicate if you wish to inspect the above captioned records or wish a copy of them:

___ Inspection ___ Copy (.50 per page) ___ Both

For office use only:

_____, 20____
Date received

_____, 20____
Date Response Due

Notation re Oral Communication or Other Items.