

**ST. CLAIR COUNTY BUILDING & ZONING**  
**PUBLIC INFORMATION REQUEST FORM**

DATE \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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TELEPHONE: \_\_\_\_\_

RECORDS REQUESTED: \_\_\_\_\_

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INSPECTION ONLY \_\_\_\_\_ COPY \_\_\_\_\_

RESPONSE DUE DATE: \_\_\_\_\_

I understand that any information received as a result of this request may not be used in any manner inconsistent with the provision of the Illinois Freedom of Information Act.

\_\_\_\_\_  
SIGNATURE

