

Ogle County, Illinois Illinois Freedom of Information Act Request for Public Records Ogle County Clerk's Office

| Company Name (If Applicable) or Organization (If any) | Business Phone # |
|---|----------------------------|
| | Area Code () - |
| Requestor's Name | Daytime Phone # |
| | Area Code () - |
| Address (Street and Number) | Home Phone # |
| | Area Code () - |
| City State Zip | E-Mail Address |
| | |
| Signature of Requestor | |
| Describe in detail the Public Record(s) you are requesting: | |
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| Please indicate if you wish to inspect the above recor. | ds or wish a copy of them: |
| Please indicate if you wish to inspect the above records or wish a copy of them: E-Mail | |
| E-Mail | |
| ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ FOR OGLE COUNTY CLERK'S OFFICE USE ONLY ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | |
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