CITY OF HENRY
WRITTEN REQUEST FOR INSPECTION OR COPYING OF PUBLIC RECORDS

1. Name of person making request: _____
2. Address of person making request: _____
3. Telephone number of person making request: _____
4. Date of request: _____

Describe in detail below the public records you we requesting and state whether you wish to inspect and/or copy records. Also, please state whether such public record are to be certified.

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City of Henry will respond to the above request within five (5) working days from the above date unless one or more of the five (5) reason for an extension of time provided for in Section 3 (d) of the Freedom of Information Act (5 ILCS 140/1 et seq.)

_____
Signature of person making request

_____
Date submitted City of Henry