

Stephenson County Coroner's Freedom of Information Request

Your Name _____ Date _____

Address _____ Office _____

City _____ State _____ Zip _____

Phone # _____

Person Receiving Request _____
(NAME) (TITLE)

Records Requested (Be Specific): _____

Indicate Inspection/Copy of Records Inspection Certified Copy

Signature of Requester _____

The office will respond to a request for public records as soon as the document requested is available (and paid for if state mandated fees apply for copies). If a Request is denied, you may appeal. Appeals should be addressed to the Chairman of the County Board.

For Office Use Only

Response _____

Records Available Yes No Copies Made Yes No

Request Denied Reason _____ How Many Copies _____

_____ Fee _____

Signature _____ Date _____

Comments _____
