



**CITY OF MORRIS**  
**FREEDOM OF INFORMATION REQUEST FORM**

Date: \_\_\_\_\_

To: City of Morris  
John D. Enger, City Clerk  
320 Wauponsee St.  
Morris, IL 60450  
(815) 942-0103 (815) 942-0216 (fax)

Under the Freedom of Information Act of the State of Illinois (5 ILCS 140/1-140/11), I hereby request a copy of the following:

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(Describe as accurately as possible the records you want and provide all relevant information you have concerning them.)

I hereby agree to pay the City of Morris .50 cents per page for copies associated with this request. However, if the fees exceed \$ \_\_\_\_\_, please inform me prior to copying the records.

The purpose of my request is as follows:

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Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

TELEPHONE: \_\_\_\_\_  
Home Work Cell

(Office Use Only)

Date of Request/Received By: \_\_\_\_\_

Date of Response/Processed By: \_\_\_\_\_