



REQUEST FOR RECORDS
JACKSON COUNTY STATE'S ATTORNEY'S OFFICE

I hereby request to (check one or both): [] look at OR [] copy

the following records:

Five horizontal lines for listing records.

Form with two columns: 'When the records are ready, I can be contacted at:' (Name, Mailing Address, City, State, Zip, Telephone Number, E-Mail Address) and 'Please indicate if the records will be used for a commercial purpose:' (No, Yes) and 'I would prefer to be contacted by (check one):' (Telephone, E-Mail, Letter).

*Send Request to the Public Information Officer, Jackson County State's Attorney's Office, Jackson County Courthouse, 3rd Floor, West Walnut Street, Murphysboro, Illinois 62966.

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

Request Received on: _____ at _____ am/pm By: _____ Submitted to the FOIA Officer on _____
_____ at _____ am/pm By: _____
Due Date: _____ Extended 5 days to: _____
Mutually agreed upon due date: _____ Agreed by _____
Records provided on: _____ Notes: _____