



Request For Records

Requested By: Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone Number, w/area code (_____) _____

Description of Records Requested

Time Period of Records Requested _____

Make Records Available For Inspection _____ Please Copy Records Requested _____

If Different Than Above Mail Records To:

Name _____

Address _____

City _____ State _____ Zip _____

Charges for Copies of Records

Paper – copies of letter or legal size from 1-50 are free, any request for more than 50 copies will be billed at the rate of 15¢ per page. Electronic copies are at no charge, provided on a CD at cost.

Mail Request To: Record Center
Office of the Comptroller
325 W. Adams St.
Springfield, IL 62704-1858
or Telephone 217-782-5897
or Fax 217-557-0815

Signature of Requestor

