Macon County Coroner's Office

REQUEST FOR PUBLIC RECORD

Requests must be made in writing. Requests may be submitted by mail, fax, email or personal delivery.

Submit requests to:

Mike Day FOI Officer 253 E. Wood St. Decatur, IL 62523

Phone: (217) 424-1348 Fax: (217) 425-4015

Email: coroner@court.co.macon.il.us

FOIA Request No				
Received:				
Response Due:				
Extended Response Due Date				
(if applicable):				
FOI Officer:				

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BOX

REQUESTER'S CONTACT INFORMATION				
Last Name	First Name		Middle Initial	Date of Birth
Address	City	State	ZIP	Phone No.
Email				
RECORDS REQUES	<u>TED</u>			
Identify or describe th	e record you are requesting.	Be as specif	ic as possible.	
ADDITIONAL INFOR	MATION			
"Commercial purpose" m form for sale, resale, or s media and non-profit, so the principal purpose of t (ii) for articles of opinion	cords for a commercial purportion to the use of any part of a public solicitation or advertisement for sale itentific, or academic organizations sithe request is (i) to access and disserting or features of interest to the public, VFUL TO OBTAIN A PUBLIC RECUMERCIAL PURPOSE.	record or record s or services. For hall not be consider eminate informati or (iii) for the pur	s, or information de purposes of this d dered to be made fo on concerning new pose of academic.	efinition, requests made by news or a "commercial purpose" when is and current or passing events, scientific, or public research or
Are you requesting yo	our own records?		Yes	No
Are you requesting a fee waiver?			Yes	No
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Generally, a response to your request will be made within 5 working days of receipt of your request. If a longer response time is necessary, requesters will be notified as required by the Freedom of Information Act.