



**City of Benton**  
1403 S Main Street/P.O. Box 640  
Benton, IL 62812  
618-439-6131

**Request for Copies of Public Records**  
**Under the Illinois Freedom of Information Act**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Person or Entity Representing:** \_\_\_\_\_

**Public Records Requested (Be Specific):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**

**UNLESS OTHERWISE NOTIFIED, YOUR REQUEST FOR PUBLIC RECORDS WILL BE FULFILLED WITHIN FIVE (5) BUSINESS DAYS.**