

**CITY OF RED BUD, ILLINOIS
REQUEST FOR RECORDS**

I, the undersigned, do hereby request to _____ examine and/or _____ copy (please check appropriate blank) those records maintained by the City of Red Bud which pertain to (PLEASE BE VERY SPECIFIC):

By my signature below, I acknowledge (1) that photocopies are 25¢ per one-sided page and 50¢ per audio recording on CD; (2) that certification is \$2.00 per document; (3) that if copies are mailed to me, the copies must be mailed via certified mail at my expense at a cost of approximately \$2.50 per ounce. **I also understand that all fees must be prepaid.**

I would like the copies mailed to me at the address provided below.* _____ yes _____ no

*NOTE: Again, please be reminded that all fees must be prepaid. Therefore, if you would like the copies mailed to you, we will contact you about the total price of the copies, certification, postage, etc. prior to mailing so that you can remit payment. After we receive payment, your copies will be mailed to you. To avoid a delay in receiving your copies and to avoid payment of mailing costs, it is recommended that you pick up your copies in the City Clerk's office after they become available.

Name

Signature

Mailing Address

(Area Code) Phone Number Fax Number

City/State/Zip

E-Mail Address

Please submit the completed form to the City Clerk's Office, 200 East Market, Red Bud, Illinois. The form may also be faxed to (618)-282-4344.

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