



McLean County Freedom of Information Act Request

Your Name: _____

Full Mailing Address: _____

Telephone: _____ Email Address: _____

If applicable, your Company name: _____

This form can only be used to request **McLean County** records. Please indicate the McLean County department to which you wish to direct your request: _____
If you do not know which department, leave this blank.

Description of Records Requested:

How do you wish to receive the records (check one): e-mail mail pick up inspect only

Is this a commercial FOIA request? Yes No

If fees are assessed, you will receive an invoice prior to the records being released.

Your Signature: _____ Date: _____

Turn this form in at or mail to:
County Administrator's Office
115 East Washington Street, Room 401, PO Box 2400
Bloomington, IL 61701