

**Winnebago County Supervisor of Assessments**

**FOIA Request Form**

Date of Request: \_\_\_\_\_

Information Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information for Commercial Purposes? \_\_\_\_\_ YES \_\_\_\_\_ NO

Format Requested: (i.e. text file, spreadsheet) \_\_\_\_\_

Person Requesting Information: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employee Accepting Request: \_\_\_\_\_