

Veterans Assistance Commission of Boone County
130 S. State Street, Suite 212 Belvidere, IL 61008
(815) 544-6464 Fax (815) 544-6455
VOLUNTARY FREEDOM OF INFORMATION ACT REQUEST

Date of Request: _____

Requester's Name: _____

Person/Entity Represented: _____

Address: _____

Phone: _____

Email: _____

Please describe in detail the specific records requested:

Requestor's Signature

VAC of Boone County will respond to this request within five (5) business days. If the request requires an extension, five (5) additional business days will be requested, and will be sent to you in writing.

(Do not write below this line- for office use only)

Date Received: _____ Date Response Due: _____

Reviewed By: _____

____ Approved ____ Approved with Redactions ____ Denied ____ No Records Found

Reason for Denial: _____

Number of Copies _____ Fee: _____

Signature of Employee Responding: _____

Date of Response: _____