City of Woodstock
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Woodstock, IL 60098

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citymanager@woodstockil.gov
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FREEDOM OF INFORMATION REQUEST FORM

Name _____ **Date** _____

Address _____ **Phone** _____

Description of Request:

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Please indicate if you wish to inspect the above-mentioned records or wish a copy of them:

_____ Inspect _____ Copy _____ Both Do you wish copies certified? _____
(Applies only to Ordinances & Resolutions)

For Office Use Only

Notations: _____
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