DEKALB COUNTY TREASURER/COLLECTOR
FREEDOM OF INFORMATION ACT RECORDS REQUEST FORM

This form is simply provided as a guideline to help citizens make their request and is not required to be used. The tax records for prior years are stored at an off-site location. Please complete this form showing the specific parcel number(s) and year(s) for which you are requesting information.

DATE OF REQUEST _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ IL _____ _____

PHONE #(10 digits-no spaces) _____

EMAIL _____

(Check One)

Is this request for Commercial Purposes? ◯ Yes ◯ No

Do you wish to approve the cost before the request is completed? ◯ Yes ◯ No

Parcel Number (s) (10 digits-no spaces)	Year (s)

Print Form

To Be Completed by DeKalb County Treasurer's Office Staff:

Date Request Received: _____ Date Due: _____

Charges for Requested Information: $_____ Amount Paid $_____Ck. #_____

Treasurer's Office Authorized Signature_____