

Macon County Mental Health Board
141 S. Main St., Suite 601, Decatur, IL 62523
217.423.6199

REQUEST FOR PUBLIC RECORDS

Name _____

Address _____

City _____ State ____ Zip Code _____

Daytime Phone _____ Email _____

Requested Records (Please be as specific as possible):

Viewing the Records (Please check one):

- I will view these records in the Board's offices during regular business hours.
- I would like copies of the above requested records. I understand that I will be charged 15 cents per page and this amount is due before I pick up my requested record.
- Please contact me if the cost exceeds \$5.00.

Signature _____ **Date** _____

-For Office Use Only-

Date Received _____ Received By _____

Comments: