

Office of the
State's Attorney
Vermilion County, Illinois



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State's Attorney

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Open Meetings Act Request for Review Form

Requestor Information

Name: _____ Email: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Public Body Information

Name of Public Body: _____

Date of Meeting: _____ Date Discovered by Requestor: _____

Location of Meeting: _____

Members of Public Body present: _____

Provision(s) of Open Meetings Act allegedly violated by Public Body:

STATEMENT OF EVENTS REGARDING ALLEGED OPEN MEETINGS ACT VIOLATION
(Use additional pages if needed): _____

*** Please include any documentation relating to Request for Review***

I swear under penalty of perjury that the above statements are a true and accurate descriptions of the events regarding an alleged Open Meetings Act violation and hereby request a review of an alleged Open Meetings Act violation.

Requestor's Signature: _____

Date: _____

*** OFFICE USE ONLY ***

Date Received: _____

SAO: _____