

**Office of the  
State's Attorney  
Kendall County, Illinois**



**Eric C. Weis  
State's Attorney**

Kendall County Courthouse  
807 W John St.  
Yorkville, IL 60560

Main (630) 553-4157  
Fax (630) 553-4204

**Open Meetings Act Request for Review Form**

**Requestor Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_ Wk 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: \_\_\_\_\_