

**FOIA INFORMATION AND CONSULTATION**

**Subscription Form**

(PLEASE PRINT OR TYPE)

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

Agency: \_\_\_\_\_

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

Position: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\*\*\*\*\*

**Subscription Rate:**

\$100.00 per year (Introductory Price)..... \$ \_\_\_\_\_  
Payment

\*\*\*\*\*

**PAYMENT**

- \_\_\_ Payment enclosed. (Check payable to: Illinois Prosecutor Services, LLC.)
- \_\_\_ Please bill me via Mail.
- \_\_\_ Please bill me via E-Mail.
- \_\_\_ Payment via Credit Card by phone.

**RETURN BY Mail, Fax or Email TO:  
ILLINOIS PROSECUTOR SERVICES, LLC  
P. O. Box 722, Carlinville, IL 62626  
Phone: (217) 854-8041 Fax: (217) 854-5343  
E-Mail: patti.ipsllc@gmail.com**