



3501 Kishwaukee St., Rockford IL 61109

Phone: (815) 387-7660 Fax: (815) 387-7665

FRSA Records Request Form

To be fully completed by applicant and submitted to: RecordsRequests@fourrivers.illinois.gov

Name of Applicant: _____ Date: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Check all that apply:

Property Owner Realtor Appraiser Municipality/Gov't Agency Consultant/Designer Contractor

Other _____

Location Map Attached Yes No

Designer (if different than applicant): _____ Company: _____

Municipality/Gov't Agency/Client: _____

Project: _____

Purpose of Project: _____

Project Location: _____

Project Extents/Limits: _____

Current design phase: _____ Anticipated advertisement for bid date: _____

Anticipated contract award or start of construction date: _____

Approximate depth of excavations: _____ ft

Potential impact to FRSA facilities or coordination concerns:

Information Requested:

Note: This Records Request does not initiate a project review. Preliminary plans will need to be submitted for a review.