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ADVISORY OPINION REQUEST FORM

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Name of Requestor (individual or business entity):
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City, State, Zip, County:
Phone Number:
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Topic:
Question or Issue to be Addressed: Detail your question, legal issue, or legal argument with legal citations (if applicable) below. Please be as specific as possible. Attach additional pages as necessary.

Please email completed form to: lLCC.AdvisoryOpinions@illinois.gov