

REQUEST FOR COPIES OF PUBLIC RECORDS
UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DESCRIPTION OF REQUESTED RECORD
(S): _____

Please indicate if you wish to inspect the above captioned records or wish a copy of them.

_____ Inspection _____ Copy _____ Both

Do you wish to have the copies certified? _____ Yes _____ No

I am not seeking the above captioned records for the purpose of furthering a commercial enterprise.

SIGNATURE OF REQUESTER _____

Office Use Only _____

Date Received _____ Date Response Due _____

Records Made Available: _____ yes _____ no Request Denied _____ yes _____ no

Copies Made _____ yes _____ no How Many? _____ Fee _____

Reason Denied: _____

Signature: _____ Date: _____