

**ILLINOIS FREEDOM OF INFORMATION ACT
REQUEST FORM**

Requestor's Name: _____ Date received: _____

Address: _____ Office: _____

Received by: _____

Telephone: _____ Title: _____

E-mail: _____

Records Requests (Be specific):

Please indicate if you wish to inspect the above captioned records and/or information of if you wish a copy of them:

Inspection _____ Copy _____ Both _____

Signature of Requestor: _____ Date: _____

The office will respond to a request for public records within seven (7) working days after its receipt. If your request is denied, you may appeal. **The first black and white 50 copies are FREE. Any copies over 50 require to be paid in full prior to being made. Copies are \$.15 each.**

FOR OFFICE USE ONLY

Date Response Due _____ Date Response Given _____ By _____

Response (If denied, state reason):

Records Available: Yes _____ No _____ Shown by: _____ Date: _____

Copies Made: Yes _____ No _____ How Many: _____ Fee: _____ Date: _____

Comments: _____
