

**ILLINOIS FREEDOM OF INFORMATION ACT  
REQUEST FORM**

Requestor's Name: \_\_\_\_\_ Date received: \_\_\_\_\_

Address: \_\_\_\_\_ Office: \_\_\_\_\_

\_\_\_\_\_  
Received by: \_\_\_\_\_

Telephone: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

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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 Five (5) 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.**

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**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: \_\_\_\_\_

\_\_\_\_\_