

FOR OFFICE USE ONLY

Date Received: _____

Received by: _____

Date Response Due: _____

Date Response Given: _____

**ILLINOIS
FREEDOM OF INFORMATION ACT
REQUEST FORM**

Requested by: Name: _____

Address: _____

City/State/Zip: _____

Telephone/Email: _____

Information Requested (Please be specific):

Would you like to inspect the records or receive a copy of them? Inspect: _____ Copy: _____

Is this request for a commercial purpose? Yes _____ No _____

How would you like to receive the records? Email _____ Mail _____ In Person _____

The office will respond to a request for public records within five (5) working days after its receipt. **The first 50 black and white copies are FREE. Requests of over 50 copies will be charged \$.10 each.**

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

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

Response: (If denied, state reason):

Comments:

