



FOR OFFICE USE ONLY

RECEIVED ON:

DEADLINE DATE:

EMPLOYEE INITIALS:

FOIA REQUEST FORM

Date of Request: _____ Name: _____

Address: _____ City _____ State _____ Zip Code _____

Phone No.: _____ Email: _____

Person or Entity the requestor represents: _____

Description of **Document** Requested (be as specific as possible): _____

Request for: Inspection: Copies:

Preferred delivery method: Copies for Mail Delivery: Copies by email: Copies to be picked up:

Purpose of Request: Research Personal Information Commercial Use

Signature of Requestor: _____

Unless otherwise noted, your request for public records will be completed within five (5) business days beginning the day after its receipt. If documents are over 50 pages, there will be a charge of \$.15 per page thereafter.

Are you requesting a fee waiver for documents over 50 pages? YES or NO
(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose or the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).

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Delivered to Requestor by: Mail on _____ In Person on _____ Emailed _____

or notified Requestor: for an extension on _____ or a Denial on _____

Request fulfilled by: _____