

FREEDOM OF INFORMATION REQUEST FORM

Date Requested: _____

Request Submitted by: E-mail U.S. Mail Fax In Person

Name of Requester: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ Fax (Optional): _____

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional papers, if necessary.

Do you want copies of the documents? Yes No

Is this request for a Commercial Purpose? Yes No

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting that the public body waive any fees for copying the documents; you must attach a statement of the purpose of 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 ILCS140/6(c)).

Signature of Requester