



FREEDOM OF INFORMATION REQUEST

(Please print or type all requested information)

Date of Request: _____

Name of Requestor: _____

Street Address: _____

City/State/Zip Code: _____

Phone: _____ Fax (optional): _____

Email (optional): _____

Please indicate if you wish to review or would like a copy of this information: Copy _____ Inspect _____

Note: A \$0.15 per standard page copying charge will be applied to all requests after the first 50 copies. A deposit may be required for large copy requests.

Preferred method of response: In Person _____ Email _____ Fax _____ US Mail (requires SASE) _____

Is this request for a commercial? Yes _____ No _____

Note: It is a violation of the Freedom of Information Act for a person to knowingly obtain public record for a Commercial Purpose without disclosing that it is for a commercial purpose.

Description of Requested Record:

Please describe below the public records you are requesting. In order to expedite the search for records, please be specific.

Signature of person making a request: _____

*** DO NOT FILL OUT BELOW THIS LINE - FOR OFFICE USE ONLY ***

Date, Time & Method Received: _____ Date, Time & Method Responded: _____

Notations and exemptions: _____

Referral to another Department. To: _____ Date: _____

Received by: _____

In the event of a record request denial the requestor has the right, under the Illinois Freedom Act, to appeal their request. The first appeal of this request must be made in writing directly to the Public Access Counselor of the Illinois Attorney General's Office. The Office of the Public Access Counselor will be housed within the Illinois Attorney General's Office at 500 S Second St. Springfield, Illinois 62705, or email: publicaccess@atg.state.us. The Public Access Counselor's decision is reviewable under the Illinois Administrative Review Law.