

Winnebago Community School District 323

**REQUEST FOR ACCESS TO PUBLIC RECORDS
PURSUANT TO THE FREEDOM OF INFORMATION ACT (5 ILCS 140)**



Date of Request

Street Address of Requestor

Printed Name of Requestor

City, State and ZIP

Signature of Requestor

Daytime phone number

Organization or news site of Requestor
(if applicable)

Email Address

_____ **This is a request for commercial purpose**
(please check if applicable. Response time: 21 working days of receipt)

I hereby request access to the following records (describe specifically):

You always have the right to review and/or receive hard copies of released records.

Please check your preferred method of access:

____	Inspection of the records at the School District Office (no fees apply)
____	A Paper Copy <ul style="list-style-type: none"> • <i>No fee applies for first 50 pages of black and white, letter or legal sized copies</i> • <i>Copy fee applies for page 51 onward - \$0.15 per 8 1/2 x 11 page or \$0.30 two-sided</i> <i>\$.20 per 8 1/2 x 14 page or \$.40 two-sided</i> Choose ONE: ____ (a) I will pick-up at the School District Office ____ (b) Please mail to the above address ____ (c) Please fax to # _____
____	An Electronic copy of the documents. This option is only available if the document(s) currently exist in that form.

FOR OFFICE USE ONLY

The District's response and records were accessed by (check one): ____ Inspection ____ Pick-Up ____ Mail ____ Fax ____ Email

DATE: _____ TIME: _____ am/pm PLACE: _____

AMT. REC'D: _____

Check # _____ Cash _____

Witness Signature: _____

Winnebago Community School District 323



REQUEST FOR ACCESS TO PUBLIC RECORDS PURSUANT TO THE FREEDOM OF INFORMATION ACT (5 ILCS 140)

DETAILS OF REQUEST

(to be completed by District 323 staff)

Contact With Requestor:

(1) Purpose: _____

Form of Contact: _____ Date: _____ Time: _____ Initials: _____

(2) Purpose: _____

Form of Contact: _____ Date: _____ Time: _____ Initials: _____

(3) Purpose: _____

Form of Contact: _____ Date: _____ Time: _____ Initials: _____

(4) Purpose: _____

Form of Contact: _____ Date: _____ Time: _____ Initials: _____

Signature of District 323 Employee, verifying completion of request: _____

Title of District 323 Employee: _____

Date of Completion: _____

_____ Number of pages

(check one) ___ emailed ___ faxed ___ copied @ \$_____/page

()	No Fee first 50 pages of 8 ½ x 11 Black and White
()	8 ½ x 11 @ \$0.15 per page or \$0.30 per two-sided page of Black and White page 51 onward
()	8 ½ x 14 @ \$0.20 per page or \$0.40 two sided of Black and White
Total Cost	\$ _____

Comments: _____