



## Freedom of Information Act (FOIA) Request Form

All requests to inspect and/or to obtain a copy of a Southwest Cooperative record must be made in writing. This form is provided for convenience – its use is not required. Please submit all requests to Southwest Cooperative’s FOIA Officer. Copying fees, if any, must be paid before copies will be provided. The FOIA Officer can give you an estimate of the copying fees, if any.

\_\_\_\_\_  
Name of individual(s) requesting records

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Organization (if applicable)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Request

**INFORMATION REQUESTED:** Please identify the information you are seeking. Please be as specific as possible. Attach additional pages if necessary.

Description of Records	Electronic Copy	Inspection	# Copies Requested
Purpose of Request: <input type="radio"/> Commercial <input type="radio"/> Non-Commercial               (You are not required to state the purpose of your request)			

**Mail:** Attn: Southwest Cooperative FOIA Officer, 6020 W. 151st Street, Oak Forest, IL 60452

**Email:** [goneil@swccase.org](mailto:goneil@swccase.org)

**FEES:** No fees shall be charged for the first fifty (50) pages of black and white letter or legal sized copies. Thereafter, a fee of \$.25 per page may be charged for copying black and white letter or legal sized documents. If Southwest Cooperative provides copies in color or in a size other than letter or legal, Southwest Cooperative will charge (\$.35) per page. If a person requesting public records desires to have them delivered to him or her, Southwest Cooperative will include the reasonable cost of postage in the fees charged.

By my signature, I consent to pay all costs incurred for duplication of materials as indicated above or in Southwest Cooperative Board policy.

Signature of Requestor: \_\_\_\_\_

I acknowledge receipt of the above requested information.

1. Request received by \_\_\_\_\_ and routed to \_\_\_\_\_. Date: \_\_\_\_\_
2. Information provided by \_\_\_\_\_ Date: \_\_\_\_\_  
 Cash      Check     Amount: \_\_\_\_\_     Received by: \_\_\_\_\_