

FOIA Request Form

**Please retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

Date of Request: _____

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

Name of Requester: _____

Street Address: _____

City/State/County Zip (required): _____

Telephone: _____ Fax (Optional): _____

E-mail (Optional): _____

Records Requested: _____

Do you want copies of the documents? Yes _____ No _____

- Do you want Electronic Copies or Paper Copies? _____

- If you want Electronic Copies, in what format? _____

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 a fee waiver? Yes _____ No _____

(If you are 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 ILCS 140/6(c))