FREEDOM OF INFORMATION ACT (FOIA) REQUEST

Note to Requester: Please retain a copy of this request for your records. If you need to file a Request for Review with the Public Access Counselor, you will be required to submit a copy of your FOIA request.

Public Body Receiving Request

Name & Address: _____

Request Details

- **Date of Request:** _____
- **Submission Method:** (Check one)
    - ☐ Email
    - ☐ In Person

Requester Information

- **Name:** _____
- **Street Address:** _____
- **City/State/ZIP (Required):** _____
- **Telephone (Optional):** _____
- **Email (Optional):** _____

Records Requested

Please provide a detailed description of the records you are requesting, including specific terms, topics, or keywords. If applicable, specify a start and end date for the requested records. Requests that do not include a time frame will default to the last 14 days from the date of the request.

_____

_____

_____

Document Preferences

- **Do you want copies of the documents?** ☐ Yes ☐ No
- **Preferred Format:** ☐ Electronic ☐ Paper

Commercial Purpose Declaration

- **Is this request for a commercial purpose?** ☐ Yes ☐ No
  (*It is a violation of the Freedom of Information Act to knowingly obtain a public record for a commercial purpose without disclosing that intent when requested by the public body. (5 ILCS 140/3.1(c))*)