

RECORDS REQUEST FORM

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

Date of Request:	Time:
Name:	Organization:
Address:	Phone Number:

SPECIFIC RECORD OR RECORDS REQUESTED:

Signature of Requester: _____

I HEREBY REQUEST ACCESS TO THE FOLLOWING RECORDS: Within 5 business days of the District receiving your request, you are entitled to a response, or notice that the district needs additional processing time (not to exceed an additional 5 business days). When our response is complete, we will contact you.

Fees will apply after the initial limited amount of black and white copies are provided. Actual cost of color or abnormal size copies will apply.

FOR OFFICE USE ONLY:

The District's response and records were accessed by:

____ In House Inspection ____ Pick-up ____ Mail ____ Fax ____ Email

Date: _____ Time: _____

AMT REC'D: _____ Check# _____ Cash _____

FOIA Officer: _____

FOIA Officer Signature: _____