Request to Inspect Records

To: Dr. Jessica Iovinelli FOIA Compliance Officer
jiovinelli@d94.org
Community High School District 94
326 Joliet Street
West Chicago, IL 60185

The undersigned hereby requests Community High School District 94 to make the following records available for (check one) ☐ **inspection** or ☐ **copies**. If copies, do you prefer (check one) ☐ **paper** or ☐ **electronic**.

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.*

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

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The first 50 pages of black and white, 8½ x 11 copies will be provided without charge. The charge for subsequent pages of black and white 8½ x 11 copies will be $0.15 per page.

Name of Requester: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____ Fax (optional): _____

Email (optional): _____

Is this request for a commercial purpose? (check one) ☐Yes ☐No
Are you requesting a fee waiver? (check one) ☐Yes ☐No

_____
Signature of Requesting Individual Date

Revised 07/30/2026