



FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

Request Submitted By: E-Mail _____, US Mail _____, Fax _____, In Person _____.

DATE: _____ TIME: _____

I HEREBY REQUEST TO INSPECT _____ HAVE COPIED _____ THE FOLLOWING RECORDS:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Is this request for Commercial Purposes? 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)).

Signed: _____

Date: _____

- **Note to requester: Retain a copy of this 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.**

Name: _____

Street Address: _____

City, State, Zip (required) _____

Telephone No.: _____ E-Mail (optional) _____

No. of copies: _____

Total Due: _____ (If any balance is due it must be paid upon receipt of copies.)

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)).

No fees shall be charged for the first 50 pages of black & white, letter or legal sized copies. The fee for black & white, letter or legal sized copies over 50 pages shall not exceed .15 cents per page.