

**ILLINOIS FREEDOM OF INFORMATION ACT
REQUEST FOR REVIEW OR COPY OF PUBLIC RECORDS**

Complying with Public Act 96-542, Effective January 1, 2010

Requests will be completed with 5 business days except for requests for documents for commercial purposes which will be completed within 21 business days.

PURPOSE: *Check one of the following boxes if applicable:*

Request for documents to be used for commercial purpose.

Request for waiver or reduction of fee for public interest. If you check this box, please state specific purpose of request: _____

NAME: _____ **ORGANIZATION:** _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____ **PHONE:** _____

EMAIL: _____ **FAX:** _____

ADDRESS OF RECORD REQUESTED (IF AVAILABLE): _____

DESCRIPTION OF RECORD REQUESTED (BE AS SPECIFIC AS POSSIBLE): _____

THIS REQUEST IS FOR: REVIEW FILES (NO FEE REQUIRED)

COPIES

Fees: No charge for the first 50 pages.

\$.10 for each additional page.

\$1.00 mailing fee (base charge), there may be

additional charge if actual cost exceeds the base price.

\$1.00 certified fee

SIGNATURE: _____ **DATE:** _____

DEPARTMENT USE ONLY

DATE RECEIVED: _____

AUTHORIZATION TO RELEASE INFORMATION: _____

DISPOSITION OF REQUEST: _____

BY: _____ **DATE:** _____

I acknowledge receipt/review of above information requested.

SIGNATURE: _____ **DATE:** _____

WITNESS: _____