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

(Complying with Public Act 83-1013 – Effective July 1, 1984)

INDIVIDUAL AND/OR ORGANIZATION REQUESTING INFORMATION:

NAME _____ ORGANIZATION _____

ADDRESS _____

CITY / STATE / ZIP CODE _____

PHONE (_____) _____

ADDRESS OF RECORD REQUESTED (IF AVAILABLE) _____

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

_____

_____

_____

THIS REQUEST IS FOR (CHECK ONE) REVIEW FILES (NO FEE)

COPIES FEES: $ .50 per page
$1.00 mailing fee
$5.00 certified fee

SIGNATURE _____ DATE _____

FORM MUST BE COMPLETE **REPLY IS RELEASED WITHIN 7 WORKING DAYS**

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