

**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:** \_\_\_\_\_

**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:** \_\_\_\_\_

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**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:** \_\_\_\_\_