

FOIA REQUEST

Name and Address of Public Body Receiving Request: _____

Date Requested: _____

Request Submitted By: _____ Email _____ U.S. Mail _____ Fax _____ In Person

Name of Requestor: _____

Street Address: _____

City/State/County Zip (required): _____

Telephone (Optional): _____ E-mail (Optional): _____

Fax (Optional): _____

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.

Do you want copies of the documents? YES or NO

--Do you want Electronic Copies or Paper Copies? _____

Is this request for a Commercial Purpose? YES or 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. 5ILCS 140.3.1 (c)).