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)).