

Date requested: _____

Request Submitted by: ☐ Email ☐ U.S. Mail ☐ Fax ☐ In Person

Requestor name: _____

Person/Entity Requestor represents: _____

Mailing Address: _____

Telephone Number(s): _____

Email: _____

Fax: _____

Preferred Method of Contact ☐ Email ☐ U.S. Mail ☐ Fax

Records Requested: Please provide as many specific details as possible to enable identification of all records being requested, including case numbers. Additional pages may be used.

Are you requesting ☐ electronic copies ☐ paper copies

Is this request for a commercial purpose? ☐ Yes ☐ No

(5ILCS140.3.1(c) "It is a violation of this 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.")

Are you requesting a fee waiver? ☐ Yes ☐ No

(Requestor must state the specific purpose for the request and indicate that a waiver or reduction of the fee is in the public interest because the principal purpose of the request is to access and disseminate information regarding the health, safety and welfare or the legal rights of the general public and is not for the principal purpose of personal or commercial benefit. 5 ILCS 140/6)

Is this request for the purpose of academic, scientific or public research or education, or other public interest? ☐ Yes ☐ No

If yes, please state the

purpose: _____

Office Use Only:

Date and Time received: _____ Due Date: _____

Staff Assigned: _____ Fee assessed: \$ _____ ☐ paid

Correspondence: ☐ Granted on _____

☐ Denied on _____ basis _____

☐ Granted & Denied on _____ basis _____

☐ Other _____