



## Request for Records under the Illinois Freedom of Information Act (FOIA)

Form to be submitted to a District	92½ FOIA Offi	cer		
Date Requested				
Name of Requester (please print)				
Name of Company (if applicable)				
City / State / Zip				
Phone Number				
Email (optional)		1.98 m		
Fax (optional)	NA STATE OF THE ST	4		
I hereby request permission to inspect (Please describe the documents/reco		being as spec	ific as po	ossible.)
Record Description			if you ar Copy	e requesting: Electronic Copy
ls the request for a commercial purpo	se?	Yes	1	No
Are you requesting a fee waiver? You must attach a statement of the p		Yes	1	No

## For Office Use Only

Date Request Received	By (District 92½ FOIA Officer)	
Delivery Mode (Personal Delivery, U.S. Mail, Fax, Email)	Deadline for Response	
Date Response Issued	By (District 92½ FOIA Officer)	