

Illinois Freedom of  
Information Act  
Request for Public Records

To: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

DESCRIPTION OF REQUESTED RECORD (S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you wish to inspect the above records or wish a copy of them:

\_\_\_\_\_ Inspection

\_\_\_\_\_ Copy

Do you wish to have copies certified? \_\_\_\_\_

Signed by: \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Response Due

FOI Officer Initial \_\_\_\_\_

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Disapproved