Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

Public Body Receiving Request: _____

Date Requested: _____

Request Submitted By: ___ E-mail ___ U.S. Mail ___ Fax ___ In Person

Name of Requester: _____

Street Address: _____

City/State/County Zip (required): _____

Telephone (Optional): _____

E-mail (Optional): _____

Fax (Optional): _____

Records Requested:

_____

_____

_____

_____

_____

**Provide as much 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?
- If you want Electronic Copies, in what format?

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. 5 ILCS 140.3.1(c)).*

Are you requesting a fee waiver?

YES or **NO** *(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement regarding the purpose of the request. 5 ILCS 140/6(c)).*