

**FREEDOM OF INFORMATION ACT**

**REQUEST FOR COPIES OF PUBLIC RECORDS UNDER THE  
ILLINOIS FREEDOM OF INFORMATION ACT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person or Entity Representing: \_\_\_\_\_

Is Request for Commercial Purposes?      YES      NO

Public Records Requested (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date