

REQUEST FOR INFORMATION
Under Illinois Freedom of Information Law

(Please print or type)

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (HOME): _____

AGENCY TO WHOM REQUEST IS MADE:

PERSON/OFFICIAL RECEIVED REQUEST:

I HEREBY REQUEST THE FOLLOWING RECORDS
(List records to be inspected)

Time of Request: (Day, Month, Year, Time): _____
Day Month Year Time a.m/p.m.

Signature of person making request:

Date: _____