



116 North Schmale
Carol Stream, IL 60188
Phone: (630) 681-0962 Fax: (630) 681-1262

REQUEST FOR PUBLIC RECORDS

Requestor's Name (Please Print)

Date of Request _____

Address

I wish to: Inspect Only Receive Copy Both
(circle one)

City State Zip

Is this request for a Commercial Purpose?
Yes No (circle one)

()

Home Phone Number

(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. 5ILCS 140.3 (c)).

()
Work Phone Number

X
Requester's Signature

Description of Requested Records:

Your request has been approved _____

_____ Page @ .15 ea (after 50). _____

Your request has been denied _____
(Please see attached letter of explanation)

Total Paid _____

Date of Response _____

There is no charge to inspect the records

Name _____

Requestor Notified _____

I have received and/or inspected the public records I requested

X
Your Signature

Date