

**FREEDOM OF INFORMATION**

**Request for Examination or Copy of Records**

- PLEASE PRINT LEGIBLY -

**REQUESTORS INFORMATION:** Date of your request: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

I am requesting the following record(s) for inspection / copying:

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

***\*There is a \$ .15 charge per page for all pages over 50  
and \$ .45 per page for color copies, when available. (Price may vary)***

**THE BELOW ITEMS WILL BE COMPLETED :**

1. Date request received: \_\_\_\_\_

2. Name of Person who received the request:

\_\_\_\_\_

3. Date response is due: \_\_\_\_\_

**Response to Information Request**

Date of compliance with request: \_\_\_\_\_ By: \_\_\_\_\_

Date of time extension agreement: \_\_\_\_\_ By: \_\_\_\_\_

Should your request be denied in full or in part, you will be notified by separate letter. If so, the below information will be applicable.

**REQUEST FOR REVIEW:** If your request for records has been denied, in-whole or in-part, you have the right to appeal this decision to: **Illinois Attorney General's Office**

**Public Access Review  
500 S. 2nd Street  
Springfield, Illinois 62706  
217/558-0486  
[publicaccess@atg.state.il.us](mailto:publicaccess@atg.state.il.us)**

You may also appeal your denial through the Sangamon County Circuit Court.