

# 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

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