



## Freedom of Information Act Request Form

Date _____
Requestor's Name _____
Company _____
Address _____
City, State, ZIP _____
Phone Number _____
Requestor's Email Address _____

**RECORDS SOUGHT:** List records requested below. Please be specific.

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Requestor's Signature \_\_\_\_\_

If your request is denied, you may file an appeal to: Public Access Bureau, Illinois Attorney General, 500 S. 2nd Street, Springfield, IL 62701; fax to 217-782-1396; or email to [Public.Access@ilag.gov](mailto:Public.Access@ilag.gov).

### (FOR DEPARTMENT USE ONLY)

**RESPONSE:**

Records made available:     Date \_\_\_\_\_

Request denied and reason:     \_\_\_\_\_

\_\_\_\_\_

Copies made:     Yes                     No  
Number \_\_\_\_\_                     Media Exemption

Fee paid \$ \_\_\_\_\_

Other (attach correspondence):

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Date Stamp Receipt
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