

**- FREEDOM OF INFORMATION  
RECORDS REQUEST FORM**

**Please note: Vital Records; including birth, death and marriage records, cannot be  
obtained through the Freedom of Information Act.**

(Please Print or type)

Date of Request: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Street) (Phone Number)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pursuant to the provision of the Illinois Freedom of Information Act, I do hereby request to inspect and/or receive a copy of the following records:

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

After the first 50 pages, there is a charge of .15 cents per page. All requests shall be complied with or denied, within 5 business days after receipt. If agreed to by both parties this time frame may be adjusted.

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

**Request for Review Information:**

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. 2<sup>nd</sup> Street  
Springfield, IL 62706  
(217) 558-0486  
[publicaccess@atg.state.il.us](mailto:publicaccess@atg.state.il.us)

**Office Use:**

Date request received: \_\_\_\_\_ Date response is due: \_\_\_\_\_

Person who received request at \_\_\_\_\_

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

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

# Copies Received: \_\_\_\_\_ Fee Charged: \_\_\_\_\_

# FREEDOM OF INFORMATION ACT RATES

\*\*\* Effective 8/23/2012\*\*\*

Pursuant to the Illinois Freedom of Information Act, photocopies of public records requested under FOIA shall be made available to the person making the request as follows:

1. The first 50 pages will be produced free of charge.
2. For each page thereafter, SOUTHERN VIEW will charge the person making the request 15 cents per page.