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FREEDOM OF INFORMATION ACT, 5 ILCS 140/1 et. Seq., REQUEST FORM

Name

Business

Address

Telephone Number

Records requested:

Check whether request to: ☐ Inspect ☐ Receive a Copy

Is this request for a commercial purpose (the information requested will be used, in any form, for sale, resale or solicitation or advertisement for sales or services)?

Yes ☐

No ☐

OFFICE USE ONLY

Date received: _____

Response Due: Non-commercial 5 business days after receipt _____
Commercial 21 business days after receipt _____