

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

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Name

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Business

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Address

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Telephone Number

Records requested:

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**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

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OFFICE USE ONLY

Date received: \_\_\_\_\_

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