



# River Ridge CUSD

## FOIA Request Form

4141 IL Route 84 South,  
Hanover, Illinois 61041

### Request for examination and/or copies of public records pursuant to the Freedom of Information Act

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the hour of \_\_\_\_\_ (a.m./p.m.), the following request was made for access to the public record (s) listed below for the purpose of review or duplication:

Records to be inspected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Records to be copied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of requesting party (please print): \_\_\_\_\_

Signature of requesting party: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that, as permitted by the Act 5 ILCS 140/6, the first 50 black and white copies are free; any additional pages cost 15 cents per page. Color copies or paper sizes other than letter or legal will be provided at the actual cost of copying. If mailed, postage costs will be included in the total fee.

### Disposition of Request

☐ Record(s) made available and requesting party notified. Date: \_\_\_\_\_ Time: \_\_\_\_\_

☐ Record(s) were provided for review. Date: \_\_\_\_\_ Time: \_\_\_\_\_

☐ Record(s) copied at the cost of: \_\_\_\_\_ ☐ Records mailed at cost of: \_\_\_\_\_

Record(s) were: ☐ Picked up ☐ Mailed ☐ Sent via Email Date: \_\_\_\_\_

☐ Request delayed – attach reason(s) ☐ Request denied – attach reason(s)

Signature of Employee: \_\_\_\_\_ Title: \_\_\_\_\_