



FOIA Request Form

*** Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request. ***

(Please Print)

Name and Address of Public Body Receiving Request:

Date Requested: _____

Request Submitted By: E-mail: _____ U.S. Mail _____ Fax _____ In-Person _____

Name of Requester: _____

Mailing Address: _____

City/State/County Zip (required): _____

Telephone (Optional): _____ Email (Optional): _____

Fax (Optional): _____

Records Requested *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages if necessary.

Do you want copies of the documents? YES or NO

- Do you want electronic copies or paper copies? _____
- If you want electronic copies, in what format? _____

Is this request for a Commercial Purpose? YES or NO

Are you requesting a fee waiver? YES or NO

Requester's Signature _____ Date: _____

MAIL OR FAX REQUEST TO ADDRESS ABOVE, ATTENTION FOIA OFFICER

Cook Country School District 104 Administration Office Use Only

Date Received: _____

Financial Officer Authorization Signature _____

Date responded to requester: _____

No. of pages of response _____ Total Cost \$ _____ Amount Paid \$ _____ Date Paid _____