

REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

REQUEST

I am requesting to _____ INSPECT X COPY _____ CERTIFY the following public record(s):

PLEASE BE SPECIFIC. USE RECORD I.D. NUMBER FROM RECORD'S INVENTORY

Will this material be used for commercial purpose? _____ Yes _____ No

NAME OF REQUESTOR (Please Print) ADDRESS PHONE

The charge will be \$.10 per page (side) in advance of copying. Certification of documents is an additional \$1.00.

SIGNATURE DATE

REQUEST RECEIVED BY TITLE DEPARTMENT DATE TIME

EXTENSION

A response to your request will be made within 7 working days of the receipt of this request. Please return with your copy of this request on

A response to your request for _____ records has been extended for 7 working days, until _____ for the following reason(s):

RESPONSIBLE FOR EXTENSION TITLE DATE

Your request to _____ INSPECT _____ COPY _____ record(s) has been APPROVED.

_____ Number of copies at \$ _____ per page = Copying fees \$ _____
Certification fees \$ _____
Total fees \$ _____

APPROVAL / DENIAL

I acknowledge that I have received access to records as requested.

SIGNATURE DATE

Your request to _____ INSPECT _____ COPY _____ record(s) has been DENIED, for the following reason(s):

RESPONSIBLE FOR APPROVAL / DENIAL TITLE DATE

You have the right to appeal this denial to the Head of this Public Body. Your signature below will be deemed an appeal.

DECISION ON APPEAL

SIGNATURE OF REQUESTOR DATE

Your request on appeal has been _____ APPROVED, your records will be available _____
_____ DENIED, for the following reason(s):

You have the right to appeal this decision to the Circuit Court of Cook County.

HEAD OF PUBLIC BODY TITLE DATE