

FREEDOM OF INFORMATION ACT (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.

email request to FOIArequest@jchdonline.org

Name & Address of Public Body Receiving Request: _____

Date of Request: _____

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

Name of Requester: _____

Street Address: _____

City/State/County/Zip (required): _____

Telephone (Optional): _____ Fax (Optional): _____

E-mail (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	NO	Electronic or Paper Copies	If electronic copies, what format
Is this a request for commercial purposes?	YES	NO	<i>It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)</i>	
Are you requesting a fee waiver?	YES	NO		

Your Signature: _____

Please note: Charges for electronic media and/or copies/prints in excess of 50 pages may apply

For Office Use Only

Date Request Received	Who Received Request	Action Taken (use back of form if you require more room)	Request Received via: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> In Person <input type="checkbox"/> Email (attach copy of email)
Time Request Received	Request forwarded to (if applicable)		