Tazewell County REGIONAL SUPERINTENDENT OF SCHOOLS 414 Court Street Pekin, IL 554 Phone 309/477-2290

FREEDOM OF INFORMATION ACT FOIA Request for Public Records

FROM:			
_	NAME (Print)		
	ADDRESS (Print)		
	CITY, STATE, ZIP (Print)		
	PHONE NUMBER		
DESCR	RIPTION OF REQUESTED RECORD(S):		
Please	e indicate if you wish to inspect the abov	e captioned records	s or wish a copy of them.
ls this	request for a Commercial Purpose?	YES or NO	
Section purpose	3.1 states: "It is a violation of this Act for a pers without disclosing that it is for a commercial purp	on to knowingly obtain a oose if requested to do so	public record for a commercial by the public body."
Are yo	ou requesting a fee waiver?	YES or NO	
charge,	6 of the Freedom of Information Act states: "Doct as determined by the public body, if the person r lest and indicates that a waiver or reduction of the	equesting the documents	s states the specific purpose for
Please ir	ndicate your reason for requesting a fee waiver:		
FOR OF	FICE USE ONLY:		
Date Red	ceived D	ate Response Due	
Request	submitted by email US Mail Fax	In Person	