## COMMUNITY CONSOLIDATD SCHOOL DISTRICT 146 FOIA REQUEST FORM

1. REQUESTER INFORMATION		
Name of Requester (Last, First, Middle)	Date (mm/dd/yyyy)	Daytime Telephone
Organization (if applicable)	Address (Street Number a	and Name)
City	State	Zip Code
City	State	Zip Code
2. <b>INFORMATION REQUESTED</b> : Pleas additional pages if necessary.	se identify the information you are seek	ing. Please be as specific as possible. At
Description of Records		# Copies requested
Purpose of Request:	first fifty (50) pages of black and white	
3. <b>FEES:</b> No fees shall be charged for the \$.15 per page may be charged for copyin color or in a size other than letter or leg desires to have them delivered to him or have the signature, I consent to pay all costs inc "Access to Public Records".	first fifty (50) pages of black and white ng black and white letter or legal sized gal, the District will charge (\$x.xx) perer, the District will include the reasonal curred for duplication of materials as in	e letter or legal sized copies. Thereafter a documents. If the District provides coper page. If a person requesting public reable cost of postage in the fees charged.
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