Winnebago Community School District 323 REQUEST FOR ACCESS TO PUBLIC RECORDS

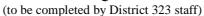
PURSUANT TO THE FREEDOM OF INFORMATION ACT (5 ILCS 140)

Date of Request	Street Address of Requestor	
Printed Name of Requestor	City, State and ZIP Daytime phone number Email Address	
Signature of Requestor		
Organization or news site of Requestor (if applicable)		
This is a request for commercial purpose (please check if applicable. Response time: 21 working day	ys of receipt)	
I hereby request access to the following	owing records (describe specifically):	
You always have the right to review and/or receive ha	and applied of released records	
Please check your preferred method of access:	ild copies of feleased fecolds.	
Inspection of the records at the School Distri	ct Office (no fees apply)	
A Paper Copy		
No fee applies for first 50 pages of black	•	
• Copy fee applies for page 51 onward - \$0 \$.20 per 8 ½ x 14 page or \$.40 two-sided	0.15 per 8 ½ x 11 page or \$0.30 two-sided	
Choose ONE:		
(a) I will pick-up at the School District O	office (b) Please mail to the above address	
(c) Please fax to #		
An Electronic copy of the documents. This in that form.	option is only available if the document(s) currently exist	
FOR OFFICE USE ONLY		
	ck one): Inspection Pick-Up Mail Fax Email	
DATE:am/pm PLACE:		
Witness Signature	Check # Cash	
Witness Signature:		

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Comments: __

REQUEST FOR ACCESS TO PUBLIC RECORDS PURSUANT TO THE FREEDOM OF INFORMATION ACT (5 ILCS 140) DETAILS OF REQUEST



(1) Purpose:			
Form of Contact:	Date:	Time:	Initials:
(2) Purpose:			
			Initials:
· · · · · · ·			
			Initials:
•			
Form of Contact:	Date:	Time:	Initials:
Γitle of District 323 Em	ployee:	-	
Date of Completion: Number of page			
1	faxedcopied @ \$	5/page	
) No Fee first 50 pa	ges of 8 ½ x 11 Black and Whit	e	
			~1 1
) 8 ½ x 11 @ \$0.15	per page or \$0.30 per two-sided	l page of Black and White pag	ge 51 onward