Champaign County REQUEST FOR PUBLIC RECORDS Under the Illinois Freedom of Information Act

Note to Requestor: 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.

	•			
Requestor's Name			Date Requested	
D D			TD 1 1 "	
Requestor is R	Representing		Telephone #	
			Area Code ()	
Address (Street And Number)			Cell Phone #	
			Area Code ()	
City	State	Zip	E-mail Address	
Do you want o	copies of the documents?	Yes No		
	*	s (if Available), or Paper C	onies?	
		in what format?		
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.				
Is this request	t for Commercial Purpose	e? Yes No		
_			owingly obtain a public record for a commercial purpose	
			do so by the public body. 5 ILCS 140/3.1(c))	
Are you reque	esting a fee waiver? Yes	s No		
(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of				
the purpose of the request, and whether the principal purpose of the request is to access or disseminate information				
regarding the health, safety and welfare or legal rights of the general public. 5 ILCS $140/6(c)$				
regarding the neutin, sujety and weighte of legal rights of the general photic. 5 1LCS 140/0(c))				
- Please comp	plete the form and mail, fa	ax, email, or hand deliver	directly to the FOIA Officer in the department for	
			onically you must save it to your computer then e-mail	
it to the appropriate department. Information on available records and where to submit your request may be found				
http://www.co.champaign.il.us/FOIA/County%20Departments%20FOIA%20Contacts%20Listing.pdf				
- Copy Fees: The first 50 pages are free, any additional pages will be charged at \$0.15 (fifteen cents) per page (black				
			l sizes). CD/DVDs are \$1.00 (one dollar).	
FOR OFFICE	USE ONLY:			
Date Request I	Received:	Date Respon	ase Due:	
Request Fowa	rded to:	Date:Copy	ring Fee Received. Date:	
Amount: \$	CashChe	ck #_		