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Jean F. Burkholder Administrative Service Center - 205 North Race Street - Urbana, IL 61801

**REQUEST TO INSPECT AND/OR COPY RECORDS**

Date: \_\_\_\_\_

To: Ms. Lori Johnson  
Freedom of Information Officer  
Jean F. Burkholder Administrative Service Center  
205 North Race Street  
Urbana, IL 61801  
(217) 384-3636  
[lajohnson@usd116.org](mailto:lajohnson@usd116.org)

I hereby request to *inspect* \_\_\_\_\_ *copy*\* \_\_\_\_\_ the following records:  
(Please describe requested records as specifically as possible, attaching additional page if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15 cents per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, tape, DVD), when applicable.

Is this request for a commercial purpose? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you requesting a waiver or reduction of copying fees? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the purpose of this request? \_\_\_\_\_

\_\_\_\_\_

DO NOT WRITE IN THIS SPACE  
\_\_\_\_\_  
Date Received by District

Requester's Name (printed)

Requester's Signature

Address (including zip)

Phone Number

E-mail Address