



Dr. Preston L. Williams, Jr.
Superintendent of Schools
217-384-3636
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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

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