REQUEST TO INSPECT AND/OR COPY RECORDS

Date: __________________________

To: Ms. Lori Johnson
Freedom of Information Officer
Jean F. Burkholder Administrative Service Center
1101 East University Ave., Suite B
Urbana, IL 61802
(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? __________________________

Requester’s Name (printed) __________________________
Requester’s Signature __________________________
Address (including zip) __________________________
Phone Number __________________________
E-mail Address __________________________