

## REQUEST TO INSPECT AND/OR COPY RECORDS

Date:

To: Freedom of Information Officer  
c/o District Administration Center  
4175 Rt. 71 Oswego, IL 60543  
630-636-3088  
FOIArequests@sd308.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¢ 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.

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

If yes, what is the purpose of this request?

Is this request for a commercial purpose?                      Yes                      No

Requester's (Printed) Name

Requester's Signature

Requester's Address

Requester's Phone Number

Requester's E-mail Address

*(Please check if applies)*        **I do not want my address published as part of the online FOIA posting.**