



# Hiawatha C.U.S.D. 426

## REQUEST FOR ACCESS TO PUBLIC RECORDS PURSUANT TO THE FREEDOM OF INFORMATION ACT (5 ILCS 140)

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Street Address of Requestor

\_\_\_\_\_  
Printed Name of Requestor

\_\_\_\_\_  
City, State and ZIP

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Organization or news site of Requestor  
(if applicable)

\_\_\_\_\_  
Email Address

\_\_\_\_\_ This is a request for commercial purpose  
(please check if applicable. Response time: 21 working days of receipt)

### I hereby request access to the following records (describe specifically):

You always have the right to review and/or receive hard copies of released records.

#### Please check your preferred method of access:

_____	<b>Inspection</b> of the records at the School District Office (no fees apply)
_____	<b>A Paper Copy</b> <ul style="list-style-type: none"> <li>• No fee applies for first 50 pages of black and white, letter or legal sized copies</li> <li>• Copy fee applies for page 51 onward - \$0.15 per 8.5 x 11 page or \$0.30 two-sided \$0.20 per 8.5 x 14 page or \$0.40 two-sided</li> </ul> <b>Choose ONE:</b> _____(a) I will pick-up at the School District Office _____(b) Please mail to the above address _____(c) Please fax to # _____
_____	<b>An Electronic copy</b> of the documents. This option is only available if the document(s) currently exist in that form.

#### FOR OFFICE USE ONLY

The District's response and records were accessed by (check one): \_ Inspection \_ Pick-Up \_ Mail \_ Fax \_ Email

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ am/pm PLACE \_\_\_\_\_ AMT. REC'D: \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Witness Signature: \_\_\_\_\_



# Hiawatha C.U.S.D. 426

## REQUEST FOR ACCESS TO PUBLIC RECORDS PURSUANT TO THE FREEDOM OF INFORMATION ACT (5 ILCS 140) DETAILS OF REQUEST (to be completed by District 426 staff)

**Contact With Requestor:**

(1) Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form of Contact: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

(2) Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form of Contact: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

(3) Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form of Contact: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

(4) Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form of Contact: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

Signature of District 426 Employee, verifying completion of request: \_\_\_\_\_

Title of District 426 Employee: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

\_\_\_\_\_ Number of pages

(check one) \_\_\_\_\_ emailed \_\_\_\_\_ faxed \_\_\_\_\_ copied @ \$ \_\_\_\_\_/page

( )	No Fee first 50 pages of 8.5 x 11 Black and White
( )	8.5 x 11 @ \$0.15 per page or \$0.30 per two-sided page of Black and White page 51 onward
( )	8.5 x 14 @ \$0.20 per page or \$0.40 two sided of Black and White
Total Cost	\$ _____

Comments: \_\_\_\_\_