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

I HEREBY REQUEST ACCESS TO THE FOLLOWING RECORDS (describe specifically):

[Blank space for description]

Date of Request ________________________ Street Address of Requestor ________________________
Printed name of Requestor ________________________ City, State, and ZIP ________________________
Signature of Requestor ________________________ Daytime phone number ________________________

Organization or news blog site, if applicable ________________________

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

Commercial purpose (please check if applies). Response time: 21 working days of receipt.

Within 5 working days of the District receiving your request, you are entitled to a response from District 300, or a notice of the District’s need for additional processing time (not to exceed an additional 5 business days). When our response is complete, we will call you.

The District’s response – including any records we release – will be posted online to the “Freedom of Information” page of www.d300.org. District 300 provides this service as a public courtesy for no fee. Documents will be posted online within two business days from our response to your request.

Also, you always have the right to review and/or receive hard copies of our response and any records we release. If this interests you, please check your preferred method of access:

(1) Inspection of the records at the District Central Office (no fees apply)
(2) A paper copy
   - No fee applies: first 50 pages of black and white, letter or legal sized copies
   - Copy fee applies: page 51 onward - $.15 per 8 ½ x11” page or $.30 two-sided; schedule of other page sizes is available at www.d300.org or upon request). Check one:
     (a) Pick-up at District Central Office (b) Mail (c) Fax to # ________________________
(3) Compact Disc containing the document in PDF form (CD fee of $1.50 per disc applies). Check one:
     (a) Pick-up at District Central Office (b) Mail ________________________
(4) Electronic e-mail containing the document in PDF form (No fee applies).

E-mail address: _____________________________________________________________

FOR OFICE USE ONLY:
The District’s response and records were accessed by (check one): Inspection Pick-up Mail Fax
DATE: ___________ TIME: _____ a.m./p.m. PLACE: ___________________ AMT. REC’D: ___________
Witness Signature: ________________________________________________________ Check # _____ Cash __

ATTN: Communication Services Department

Rev. 1.21.15
Request # __________  Date of Request: ___________  Date Due: ___________  
Extension to: ___________

**DISPOSITION OF REQUEST**  
(to be completed by District 300 staff)

Telephone contact with requestor:

(1) Purpose: ____________________________________________  
_________________________________________________________  
Date: ___________  Time: ___________  Initials: ___________

(2) Purpose: ____________________________________________  
_________________________________________________________  
Date: ___________  Time: ___________  Initials: ___________

(3) Purpose: ____________________________________________  
_________________________________________________________  
Date: ___________  Time: ___________  Initials: ___________

(4) Purpose: ____________________________________________  
_________________________________________________________  
Date: ___________  Time: ___________  Initials: ___________

___________________________
Signature of Employee, verifying completion of request: ________________________________
Date of Completion: ________________________________
Title of Employee: Supervisor of Communication Services  (or designee: ____________________________)

Response posted to www.d300.org:  DATE: ___________  Posted by (initials): ___________

___________________________
Number of pages copied or faxed @ $ _____ / page

( ) No Fee: First 50 pages
( ) 8 ½ x 11 ($0.15/each page or $0.30 two-sided-Black and White) (Color copies-additional fees may apply)
( ) 8 ½ x 14 ($0.20/each page or $0.40 two-sided-Black and White) (Color copies-additional fees may apply)
( ) 11 x 17 ($0.45/each page, computer print-outs requiring reduction to 8 ½ x 11-Black and White)  
(Color copies-additional fees may apply)
( ) Cassette tape ($3.00/tape)
( ) Compact disc ($1.50/disc)  
TOTAL COST: $ ___________

Comments: ________________________________________________________________