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

FOIA Record #

I HEREBY REQUEST ACCESS TO THE FOLLOWIN	NG RECORDS (describe specifi	ically):
Date of Request	Street Address of Reques	
Date of Request	Street Address of Requestor	
Printed name of Requestor	City, State, and ZIP	
Signature of Requestor	Daytime phone number	
		nddress published as part ng (please check if applies).
Commercial purpose (please check if applies)	-	V 11
Within 5 working days of the District receiving your		
notice of the District's need for additional processing response is complete, we will call you.		
The District's response – including any records we relewww.d300.org. District 300 provides this service as a two business days from our response to your request.		
Also, you always have the right to review and/or rec If this interests you, please check your preferred me		se and any records we release.
(1) Inspection of the records at the Di	strict Central Office (no fees app	oly)
(2) A paper copy		
 No fee applies: first 50 pages 	of black and white, letter or lego	al sized copies
	w.d300.org or upon request). Ch	
(3) Compact Disc containing the doct	ument 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 d E-mail address:		•
FOR OFICE USE ONLY:		
The District's response and records were accessed by	_	_
DATE: TIME:a.m./p.m	. PLACE:	AMT. REC'D:
Witness Signature:		Check # Cash

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Community Unit School District 300, 2550 Harnish Drive, Algonquin, IL 60102 847.551.8300 phone // 847.551.8413 fax

Request #	847.551.8300 phone // 847.551.8413 fax Date of Request: Date Due:					
			Extension to:			
		DISPOSITON	OF REQUEST			
(to be completed by District 300 staff)						
Telephone	contact with requestor	:				
(1)	Purpose:			_		
	Date:	Time·	Initials:	_		
(2)						
(=)				_ _		
	Date:	Time:	Initials:			
(3)	Purpose:			_		
	Date:	Time:	Initials:	<u> </u>		
(4)	Purpose:			_		
	Date:	Time:	Initials:			
G:	-£ El					
		completion of request:				
Title of Em	ployee: <u>Supervisor of Co</u>	ommunication Services (or designee:)		
<u>Response p</u>	osted to www.d300.org;	DATE:	Posted by (initials):			
	Number of pages	copied or faxed @ \$	/ page			
() No Fee: First 50 page	es <u> </u>	-			
() 8 ½ x 11 (\$0.15/each	n page or \$0.30 two-sided-I	Black and White) (Color copies-additional fee	s 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						