

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

FOIA Record # _____

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

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 OFFICE 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

Community Unit School District 300, 1600 Big Timber Road Hampshire, IL 60140

847.426.1300 phone // 847.551.8413 fax

Request # _____ 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) 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: _____