

Butler53

School District

Date: _____

To: Ms. Vickie Galvin or Ms. Sandi Moore
Freedom of Information Officers
Butler School District 53
2801 York Road
Oak Brook, IL 60523
Phone: 630-573-2887
Fax: 630-573-5374
Email: vgalvin@butler53.com or smoore@butler53.com

I hereby request to ___Inspect ___copy* the following records:
(Please describe requested records as specifically as possible, attaching additional page if necessary)

*There is a 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.

Is this request for a commercial purpose? ___Yes ___No

Are you requesting a waiver or reduction of copying fees? ___Yes ___No

If yes, what is the purpose of this request? _____

Requestor's (Printed) Name

Requestor's Signature

Address

Phone Number

Email Address