



Date: _____

To: Ms. Sandra Morris
Freedom of Information Officer
Butler School District 53
2801 York Road
Oak Brook, IL 60523
Phone: 630.573.2887 Fax: 630.573.5374
Email: smorris@butler53.com

I hereby request to _____ inspect _____ copy* the following records:

Please describe the requested records as specifically as possible, (attach additional page if necessary)

**There is no copying fee for the first 50 black/white standard-sized copies. The fee for additional copies is .15 cents per page. Actual cost will be charged for copies of documents not of standard size, and/or for other mediums/formats when applicable.*

Is this request for a commercial purpose? _____ Yes _____ No

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

Are you requesting a waiver or reduction of copying fees? _____ Yes _____ No

Requestor's Name (Printed)

Requester's Signature

Address

Phone Number

Email Address