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REQUEST FOR INSPECTION OR COPYING OF PUBLIC
RECORDS UNDER
THE ILLINOIS FREEDOM OF INFORMATION ACT

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

PERSON ENTITY REPRESENTED, IF ANY _____

PUBLIC RECORDS REQUESTED: (Describe in detail records you are requesting and state whether you wish to inspect or copy such records at a cost of \$.15 per B&W copies after the first 50 pages or \$.25 per color copies. Also, please state whether such public records are to be certified (\$1.00)):

Please indicate if you wish to inspect above-captioned records or wish a copy of them:

_____ Inspection _____ Copy _____ Both
Do you wish to have copies certified? _____

Is this FOIA for commercial purposes? _____ Yes _____ No

By my signature I, the undersigned agree that the information obtained will not be used to violate individual privacy or to disrupt the duly undertaken work of the public body. (See Freedom of Information Act – Sec 1)

Signature

Date