



**Request for Examination and/or Copies  
of Public Records Pursuant to the  
Freedom of Information Act (FOIA)**

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**Name of Individual Requesting Records:**

**Organization /Company:**

**Date:**

**Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone:**

**Fax:**

**Descriptions of Records Requested:**

**Is this request for a commercial purpose?**

**Yes**

**No**

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**Please direct FOIA requests to the District's FOIA Officer at:**

**Requests can be emailed to: [FOIA@skokie68.org](mailto:FOIA@skokie68.org)**

**Requests can be mailed to:**

**Phyllis Carlstrom  
9440 Kenton Avenue  
Skokie, IL 60076  
Fax: 847-676-9232**

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**For office use only:**

Date request received:

Date reply due:

Extension Requested? Reason:

If so, adjusted reply due date:

Date of response to request: