Freedom of Information Act Request form

On the	day of	, year ,	at the hour of	M, the
	day of individuals appeared in person sted the following records:	at the office of Sc	chiller Park School Di	strict 81
Name	Amber Hollister	Phone	847-897-7219	
Address _	123 N. Wacker Dr. Suite 1625	City	Chicago IL 60606	
Records s	ought:			
I reque	est all contractual documents including cu and purchases of copier equipmen			
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Danar co	ny from nanar ar alactronic sau	rce (50) pages or l	less) No charge	
Paper copy from paper or electronic source (50) pages or less) Paper copy from paper or electronic source (51) pages or more)				ge
Copy of audio or video material			Cost of med	
		auber Hollist	Ý	
	Req	uestor's Signature	<u> </u>	
Er	mployee Signature and Title			
	ds may take up to five days to a items are available.	ssemble. District	office staff will notify	y you
I hereby c	of copies madeertify the above requested recording day	Cost \$ rds were presented of	I to me, for inspection _, year	or
Requestor	r's Signature <u>Juby Hollisty</u>			

Checks are made payable to School District 81

If additional time is needed, we will notify the requestor in writing within 5 business days after the receipt of the request of the statutory reason for the extension and when the requested information will be produced.