Freedom of Information Act Request form

On theday of following individuals appeared in pers	, year	, at the h	our of	M, the
	on at the offic	e of Schiller Pa	ark School Distr	ict 81
and requested the following records:				
Name		Phone		
				_
Address		City		
Records sought:				
Records sought.				
				,
Paner conv from naner or electronic s	rource (50) na	nec or less)	No charge	7
Paper copy from paper or electronic source (50) pages or less) Paper copy from paper or electronic source (51) pages or more)			\$.15 per page	
Copy of audio or video material			Cost of media	
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	Requestor's Si	anatura		
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Employee Signature and Title				
The records may take up to five days t	o agga mhl a. I	Vistriat office st	taff will notify w	011
The records may take up to five days twhen the items are available.	o assemble. 1	district office si	tari wili notiry y	ou
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Numbers of copies made I hereby certify the above requested re	_ Cost \$_	·		
I hereby certify the above requested re	cords were pr	esented to me,	for inspection or	•
copies provided ond	lay of	, year_	·	
Requestor's Signature				

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.