Southeastern Community Unit School District # 337

FOIA Request Form

This form is provided for convenience – its use is not required. However, all requests to inspect and/or obtain a copy of a district record must be made in writing. Please submit all requests to D. Todd Fox, the District's Freedom of Information Officer. The Freedom of Information Officer shall approve all requests for public records unless: 1) The requested material does not exist, 2) The requested material is exempt from inspection and copying by the Freedom of Information Act, or 3) Complying with the request would be unduly burdensome. Within 5 business days after receipt of a request for access to a public record, the Freedom of Information Officer shall comply with or deny request, unless the time is extended as specified in Section 3 of FOIA. No fees shall be charged for the first 50 pages of black and white, letter or legal sized copies requested. After the first 50 pages, the fee for black and white, letter or legal sized copes shall be 15 cents per page.

Please Complete Parts I - VI

PART I: I hereby request to: _____Inspect _____Copy the following records: (Please be specific).

_____

_____

_____

PART II: What format do you request? _____Electronic _____Paper

PART III: Is this request for a Commercial Purpose? _____Yes _____No (It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. – Section 2 of the FOIA Act).

PART IV: Are you requesting a fee waiver? _____Yes _____No (If you are requesting that the public body waiver any fees for copying the documents, you must attach a statement of purpose of the request, and whether the principle purpose of the request is to access or disseminate information regarding the health, safety, and welfare or legal rights of the general public. – Section 6 of the FOIA Act).

PART V: If yes on Part IV, what is the purpose of this request?

_____

_____

PART VI:

Name of Individual(s) Requesting Records: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Date of Request: _____

For Office Use Only:

Date Request Received: _____ Date Request Responded To: _____

Notes:

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