



**ILLINOIS FREEDOM OF INFORMATION ACT (FOIA) REQUEST**

TO: Tarin Kendrick, Chief FOIA Officer, School District #807

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

I hereby request permission to inspect or receive copies of the following public records:  
(Please describe the documents/records requested to the best of your ability.)

Is this request for a commercial purpose?  Yes  No

Name of Requester	Name of Company (if applicable)

Street Address	City	State	Zip Code

Phone Number	Fax Number	E-mail Address

**For Office Use Only**

Date Request Received in District 807	Delivery Mode (Personal Delivery, Mail, Fax, E-mail)

Latest Date Reply Must be Sent	Extension Requested?	Adjusted Reply Date

Date of Response to Request	By (Name of District 807 Official)