

Standard Illinois Public Records Request Form

Good communication is vital in the open records process. Complete this form thoroughly and retain a copy; it is required should an appeal be necessary.

AGENCY NAME OF RE	EQUEST:					(Attn: AORO)	
Date of Request:		Submitted via:	🗖 Email	🗖 U.S. Mail	🗆 Fax	🗖 In Person	
	PER	RSON MAKING REQUE	ST:				
Name:	Company (if applicable):						
Mailing Address:							
City:	State:	Zip:	Email <u>:</u>				
Telephone:		Fax	[
How do you prefer to	be contacted if the	e agency has questions	s? □Telepł	10ne □Email	🗆 U.S. M	ſail	
RECORDS REQUESTI				n Act, 5 ILCS	5 140, I r	equest the	
opportunity to inspec	t or obtain copie	s of public records re	lated to:				
DO YOU WANT COPI			if available	<u>.</u>			
	-	ed copies preferred rson inspection of reco	rde profor	od (may roa	unst conic	nc lator)	
Do you want certified	· •	-	•		iest copie	s luter j	
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In the event of a charge information. Kindly res inform me of the antici	pond within the r	required 5 days . If acco	ess to the r			-	
In the event of a denial, available under the law		ch exemption justifyin	g the refus	al and outline	e the app	eal procedures	
NOTE: In most cases, a co More information about				<u>m</u> Form ι	ıpdated M	ay 11, 2024	
This Request Form is the intelle form, in whole or in part, witho		uddy and is protected by copyri ermission of FOIA Buddy is strict				listribution of this	