Request to Inspect Records

To: Ms. Cheryl Moore, FOIA Compliance Officer
   Community High School District 94
   District Administrative Center
   157 W. Washington Street
   West Chicago, IL  60185

The undersigned hereby requests Community High School District 94 to make the following records available for (check one)  □ inspection or □ copies. If copies, do you prefer (check one) □ paper or □ electronic.

Records Requested: Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

1. _____________________________________________________________
   _____________________________________________________________

2. _____________________________________________________________
   _____________________________________________________________

3. _____________________________________________________________
   _____________________________________________________________

4. _____________________________________________________________
   _____________________________________________________________

5. _____________________________________________________________
   _____________________________________________________________

The first 50 pages of black and white, 8½ x 11 copies will be provided without charge. The charge for subsequent pages of black and white 8½ x 11 copies will be $0.15 per page.

Name of Requester: ______________________________________________
Street Address: __________________________________________________
City/State/Zip: __________________________________________________
Phone Number: __________________________ Fax (optional): ______________
Email (optional): _________________________________________________

Is this request for a commercial purpose? (check one) □ Yes □ No
Are you requesting a fee waiver? (check one) □ Yes □ No

__________________________________________________________
Signature of Requesting Individual                                      Date

Revised 8/16/2017