

Champaign County

REQUEST FOR PUBLIC RECORDS

Under the Illinois Freedom of Information Act

Note to Requestor: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

Requestor's Name	Date Requested
Requestor is Representing	Telephone # Area Code () --
Address (Street And Number)	Cell Phone # Area Code () --
City State Zip	E-mail Address

Do you want copies of the documents? Yes No
 Do you want Electronic Copies (if Available), or Paper Copies? _____
 If you want Electronic Copies, in what format? _____

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.*

Is this request for 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. 5 ILCS 140/3.1(c))

Are you requesting a fee waiver? Yes No
(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c))

- Please complete the form and mail, fax, email, or hand deliver directly to the FOIA Officer in the department for which the records are being sought. To submit this form electronically you must save it to your computer then e-mail it to the appropriate department. Information on available records and where to submit your request may be found <http://www.co.champaign.il.us/FOIA/CountyDepartmentsFOIAContactsListing.pdf>
- Copy Fees: The first 50 pages are free, any additional pages will be charged at \$0.15 (fifteen cents) per page (black & white) or \$.30 (thirty cents) per page (color and abnormal sizes). CD/DVDs are \$1.00 (one dollar).

FOR OFFICE USE ONLY:

Date Request Received: _____ Date Response Due: _____

Request Forwarded to: _____ Date: _____ Copying Fee Received. Date: _____

Amount: \$ _____ Cash _____ Check # _____