

25775 W. Highway 134 Ingleside, IL 60041

Phone: 847.546.2916 Fax: 847.546.9584

FOIA REQUEST

Date and time of request:
Requestor name and address:
Item(s) requested:
Number of pages:
Cost (25cents single sided or 50 cents double sided):
Payment received:
Date item was picked up by requestor:
Requestor signature:
Signature of district office personnel fulfilling request: