

**Champaign-Ford Regional Office of Education #9**

**Freedom of Information (FOIA) Request**

Requester's Name \_\_\_\_\_ Date Request Received \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Request Received by \_\_\_\_\_  
(Name & Title)

Check Appropriate Boxes:

- Request inspection of public records
- Request copies of public records
- Request certified copies

Records sought (please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requester

**The agency will respond to or deny a request for public records  
within seven (7) working days after its receipt.**

----- (For Office Use Only) -----

Date Response Due \_\_\_\_\_ Date Response Made \_\_\_\_\_

Copies Made \_\_\_\_\_ # of copies made \_\_\_\_\_ Cost \_\_\_\_\_

Time taken to fill request in hours: \_\_\_\_\_

Estimated cost to department: \_\_\_\_\_

Extension to \_\_\_\_\_  
Date

Extension Notice Sent \_\_\_\_\_  
Date

Request Denied: \_\_\_\_\_  
Date

**Note: Please attach copies of correspondence.**

\_\_\_\_\_  
Signature of Employee Responding