



300 Heart Boulevard
Loves Park, IL 61111

815/636-3040 phone
815/636-3069 fax

Dr. Richard Fairgrievies, Administrative Agent
Dr. Lori Fanello, Director

FOIA REQUEST FORM

Date: _____

Use this form to request KIDS (Kishwaukee Intermediate Delivery System) or Regional Office of Education #4 records or information. Complete the form, keep a copy for your records, and submit the original via:

1. Fax: 815/636-3069
2. Mail or hand deliver: 300 Heart Boulevard, Loves Park, IL 61111
3. E-mail: tmccullo@kidsroe.org

You will receive a response within 5 days from the date request is received by our office.

Person making request:

Title:

First name (required field):

Middle initial:

Last name (required field):

Address 1 (required field):

Address 2:

City (required field):

State (required field):

Zip code (required field):

Daytime phone number (required field):

Fax number:

Email address:

Requestor's signature _____
(required)



300 Heart Boulevard
Loves Park, IL 61111

815/636-3040 phone
815/636-3069 fax

Dr. Richard Fairgrievies, Administrative Agent
Dr. Lori Fanello, Director

FOIA REQUEST FORM

Date: _____

Description of documents that are being requested.

Be as specific as possible with regard to names, dates, places, events, subjects, etc. If known, you should include any file designations or descriptions for the records that you want. (required information).

Request submitted by: In Person U.S. Postal Service
 Fax E-mail

Description of requestor (required field):

Is this request for a Commercial Purpose? (circle one) 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)).

Fee waiver requested (If selected, an explanation is required)

Explanation for a request for a waiver of fees (required field if Fee waiver requested is selected):

Additional comments:
