COMMUNITY CONSOLIDATD SCHOOL DISTRICT 146 FOIA REQUEST FORM

1. REQUESTER INFORMATION				
Name of Requester (Last, First, Middle)	Date (mm/dd/yyyy)	Daytime Telephone		
Organization (if applicable)	Address (Street Number a	and Name)	Name)	
City	State	Zip Code		
2. INFORMATION REQUESTED : Please additional pages if necessary.	e identify the information you are seek	ing. Please be as specif	ic as possible. Attac	
Description of Records		#	Copies requested	
Purpose of Request:	□ NON-COMMERCIAL (You are no	t required to state the purp	ose of your request)	
			-	
\$.15 per page may be charged for copyin color or in a size other than letter or lega desires to have them delivered to him or hard by my signature, I consent to pay all costs income.	al, the District will charge (\$x.xx) per, the District will include the reasonate	er page. If a person re able cost of postage in the	questing public reco ne fees charged.	
"Access to Public Records".	of Requester			
Signature	or requester			
4. FOIA OFFICERS : All FOIA requests to following FOIA Officers via personal deli		on must be submitted in	n writing to either of	
Lisa Kapicak CCSD 146 6611 W. 171 st St. Tinley Park, IL 60477 FOIA@district146.org				
The District shall grant or deny a written reque	st within five business days or as requ	ired by Public Act 96-03	542.	
Office Use Only: undersigned FOIA Officer of Community Conso ection or copying of records at the Administrati The period for a written response ex	on Center, located at 6611 W. 171st St		his FOIA request for	
ection or copying of records at the Administrati	on Center, located at 6611 W. 171st St			