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FREEDOM OF INFORMATION ACT  
Request for Public Records

Date: \_\_\_\_\_

To: **Regional Office of Education #33**  
**Attn: Melinda Whiteman, FOIA Officer**  
**105 North E Street**  
**Monmouth, IL 61462**  
[mwhiteman@roe33.net](mailto:mwhiteman@roe33.net)  
**Phone: 309-381-1313**  
**Fax: 309-715-7336**

From: \_\_\_\_\_  
Name (Please, print)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Phone Number

Description of Requested Record(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you wish to inspect the above captioned record or wish to have a copy or both:

\_\_\_\_\_ Inspection    \_\_\_\_\_ Copy    \_\_\_\_\_ Both

Is this request for records being made for a commercial purpose? \* \_\_\_\_\_ Yes    \_\_\_\_\_ No

*\*It is a violation of this 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.*

Are you requesting a fee waiver or reduction? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If "yes", please indicate your reason for requesting a waiver or reduction: \_\_\_\_\_

Signature of Requesting Party: \_\_\_\_\_

For ROE #33 Office Use Only	Date Request Received: _____	Date Response Due: _____	Receivers Initials: _____
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