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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
Phone: 309-715-7311
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: _____
