PUBLIC RECORDS EXAMINATION REQUEST
FILED THROUGH THE ILLINOIS FREEDOM OF INFORMATION ACT

Instructions: Please forward to Andee Chestnut, Freedom of Information Officer, Champaign County Forest Preserve District, PO Box 1040, Mahomet, IL 61853. The form may also be faxed to (217) 586-5724 or emailed to hq@ccfpd.org. The CCFPD’s response will be forthcoming within five business days after the date of receipt of the request. If your request is denied, a reply will be sent within five business days after the date of receipt of the request.

Records Requested: Please provide as much detail as possible so we may identify the information you want.

Name of Person Making Request: ____________________________
Organization/Business/Agency Name: ____________________________
Mailing Address: _______________________________________
Phone Number: __________________ Fax Number: ____________
E-mail Address: _______________________________________

Please check the box that applies to your request:

____ I will examine the records at the District’s administrative offices. I understand I will be notified by mail, e-mail or telephone of the availability of records for my examination within five business days after the date of the receipt of the request. Upon such notification, I will call (217) 586-3360 to schedule an appointment during 8 a.m.-4:30 p.m., Monday through Friday, except for legal holidays.

____ I would like the records reproduced and copies sent to me. I agree to pay the amount of the cost of reproduction prior to the copies being delivered. There is no charge for the first 50 pages of black & white, letter or legal-sized copies. Additional copies are $.15 per page. For color or oversized copies, the actual cost of reproducing the records will be charged.

____ I would like to request certification of the photocopies. An additional charge of $1.00 per document applies.

Is this a request for a commercial purpose? ______ The District will respond to a request for records to be used for a commercial purpose within 21 working days after receipt of the request. Please note 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).

_________________________ ______________________
Requestor's Signature Date

Cost: Photocopies (over 50 pages)  # Copies _____ X $0.15 = __________
Certification # Copies _____ X $1.00 = __________
Color/Oversized # Copies _____ X $1.00 = __________
Other # Copies _____ X $1.00 = __________
Total __________

Received by: __________________________
Signature Date

_________________________ ______________________
Freedom of Information Officer Date