

REQUEST TO INSPECT AND/OR COPY RECORDS

Date: _____

To: Kayte Hamel

Freedom of Information Officer

Kishwaukee College

21193 Malta Road, Malta, IL 60150

815-825-9447

foiarequest@kish.edu

DO NOT WRITE IN THIS SPACE

DATE RECEIVED BY COLLEGE

I hereby request to inspect copy* the following records:
(Please describe requested records as specifically as possible, attaching additional page if necessary.)

* There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, tape, DVD), when applicable.

Is this request for a commercial purpose? Yes No

Are you requesting a waiver or reduction of copying fees? Yes No

If yes, what is the purpose of this request? _____

Requester's (Printed) Name

Requester's Address (including city and state)

Requester's E-mail Address

Requester's Phone

Requester's Signature