



### Request for information or Records Pursuant to the State of Illinois Freedom of Information Act

NAME ( PLEASE PRINT OR TYPE)		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
SIGNATURE		DATE	

I hereby request that CTPF (Check One selection only):

Make available the following public records for my inspection:

---



---



---



---

Furnish copies of the following public records to me:

---



---



---



---

**Please Note:** The Illinois Freedom of Information Act allows CTPF to charge for the cost of reproduction. At the present time, CTPF charges .25 cents per hard copy. However, there will be no charge for copies that can be made in-house and where the total amount of copies is less than 200. Charges made for copies that need to be done at a professional printer shall not exceed CTPF's actual costs for reproduction.

**CTPF USE ONLY**

Approved

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Answered

Denied

**BASIS FOR DENIAL** \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL PROCESSING FOIA FORM

\_\_\_\_\_  
CONTACT NUMBER