

REQUEST TO INSPECT AND/OR COPY RECORDS

Date: _____

To: Freedom of Information Officer
c/o Indian Valley Vocational Center
600 Lions Road
Sandwich, IL 60548
815/786-9873
LRott@ivvc.net

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? _____

DO NOT WRITE IN THIS SPACE
_____ DATE RECEIVED BY IVVC
_____ RESPONSE DUE

Requester's (Printed) Name

Requester's Signature

Requester's Address

Requester's Phone Number

Requester's E-mail Address