

REQUEST TO INSPECT AND/OR COPY RECORDS

To: Rexanna Stearns, Freedom of Information Officer
Lake Park High School District 108
590 South Medinah Road
Roselle, IL 60172
630-529-4500

Date Requested: _____
Request submitted by: ___ E-mail ___ U.S. Mail ___ Fax ___ In person

Name of Requester (Print or type): _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____ Fax (Optional): _____

Email Address (Optional): _____

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 DISTRICT

Signature of Requesting Individual