

**REQUEST TO INSPECT AND/OR COPY RECORDS**

To: Deborah Peltz, 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