

To: Dr. Tim Mahaffy, Freedom of Information Officer

Fox River Grove School District 3

403 Orchard Street

Fox River Grove, IL 60021

847-516-5100

mahaffyt@dist3.org

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

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 10¢ per page. Actual cost will be charged for copies of documents not of standard size or color, 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

TIME RECEIVED BY DISTRICT

Requester's (Printed) Name

Requester's Signature

Address _____

Phone _____

E-mail _____