

PTHS 209 REQUEST TO INSPECT RECORDS



**To: PTHS 209 Superintendent's Office
Attn: FOIA Compliance Officer
8601 Roosevelt Road
Forest Park, IL 60130**

I, _____,
(Print or type the name and address of requester)

hereby request the opportunity to {circle appropriate term(s)}:

a) inspect

or

b) copy the following record(s). Please describe record(s) precisely:

I also request that a copy of the following record be certified. Please describe record:

I understand that I shall be charged \$.50 per page. I further understand that these records are not to be used to further a commercial enterprise.

Signature of Requesting Individual

Name

Date of request submitted

Address

Phone Number

City, State, Zip

DO NOT WRITE IN THIS SPACE _____

Date request received by Compliance Officer:

Compliance Officer Signature:

(This form is not a required document. You may also submit a written or typed letter to the Superintendent's Office)