

West Central Joint ETSB

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Please type or print the following:

Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Cell: _____

Pursuant to the provisions of the Illinois Freedom of Information Act, I hereby request to inspect and/or receive a copy of the following records: _____

Please be as detailed as possible and include the time period covered by your request, if applicable. Time Period of Documents Requested: From ___ / ___ / ___ to ___ / ___ / ___.

Signature

Records requested will be made available within five (5) days from the date of this request. If the West Central Joint ETSB Office is unable, or fails, to respond in five (5) days, the West Central Joint ETSB Office may, for specific reasons, request an additional five (5) days to respond to a FOIA request. The West Central Joint ETSB Office and the Requester may mutually agree to extend the time period for response.

Please specify manner in which you would like your request be provided:

- Email: _____
 Fax: _____
 I will pick up the information within five (5) business days
 Postal Service – Mail to: _____

Request Purpose: (Optional) Commercial Use News Media Educational Scientific Other

(For Department/Office Use Only)

- Attached please find a copy(ies) of the records requested.
 The request for records is denied for the following reasons: _____

Signature: Department FOIA Officer

Date