



**Prairie Grove Consolidated School District 46**  
**3223 IL Route 176**  
**Crystal Lake, IL 60014**  
**Phone: 815-459-3023**  
**Fax: 815-356-0519**

**Freedom of Information Request Form (FOIA)**

Date of Request: \_\_\_\_\_

**Please PRINT**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s) : \_\_\_\_\_  
\_\_\_\_\_

I hereby request access to the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Requestor Signature

Within 5 business days of Prairie Grove Consolidated School District 46 receiving your request, you are entitled to a response, or notice that the district is in need of additional processing time (not to exceed an additional 5 business days). When our response is complete, we will contact you.

Fees will apply after the initial limited amount of black and white copies are provided. Actual cost of color or abnormal size copies will apply.

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**For Office Use Only:**

FOIA Request Delivered by: \_\_\_\_\_ Drop-Off \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_ Email

The District's response and records were accessed by: \_\_\_\_\_ Pick-Up \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_ Email

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. / P.M.

Amount Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

FOIA Officer: \_\_\_\_\_

Witness: \_\_\_\_\_