



## Freedom of Information Act Request Form Bureau Valley CUSD #340

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Records Sought:** Please be specific

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**Record Format:**

Printed (Paper) Copy       Electronic (PDF) Copy

Other: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Return this form to: Bureau Valley CUSD #340, 9068 2125 North Ave, PO Box 289, Manlius IL 61338; or Fax #815-445-2802; or email [ksierens@bureauvalley.net](mailto:ksierens@bureauvalley.net)

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**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Received via: \_\_\_\_\_

Date Records/Response Sent: \_\_\_\_\_

Records/Response delivered via: \_\_\_\_\_