Vermilion County Regional Office of Education #54 200 S. College, Suite B

200 S. College, Suite B Danville, IL 61832 Phone: (217) 431-2668 Fax: (217) 431-2671

FREEDOM OF INFORMATION ACT FOIA Request for Public Records

FROM: _					
_	NAME (Print)				
	ADDRESS (Print)			_	
CITY, STATE, ZIP (Print)					
	PHONE NUMBER			_	
DESCR	IPTION OF REQUESTED RECORD(S	S):			
Please	e indicate if you wish to inspect	the above ca	ptioned reco	rds or wish a c	copy of them.
	Inspection Copy	Both			
Is this	request for a Commercial Po	urpose?	YES or No	0	
	3.1 states: "It is a violation of this Act without disclosing that it is for a comm				
Are yo	ou requesting a fee waiver?		YES or No	0	
charge,	6 of the Freedom of Information Act sta as determined by the public body, if th lest and indicates that a waiver or reduc	e person reques	ting the docume	ents states the spe	e or at a reduced ecific purpose for
Please ir	ndicate your reason for requesting a fee wa	iver:			
FOR OF	FICE USE ONLY:				
Date Red	ceived	Date Re	sponse Due		
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