



No. _____

REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

1) I am requesting to: Inspect _____ Copy _____ the following public records

(Please be specific)

2) Will this material be used for commercial purposes? Yes _____ No _____

- Commercial use means the use of any part of a public record or records, or information derived from public records, in any form, for sale, resale, or solicitation or advertisement for sales or services.
- It is a violation of the Freedom of Information Act to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose.

REQUESTOR CONTACT INFORMATION:

NAME _____ COMPANY NAME (if applicable) _____

ADDRESS _____ CITY/STATE/ZIP _____

EMAIL ADDRESS _____ TELEPHONE NUMBER (with area code) _____ FAX NUMBER _____

X
SIGNATURE _____

- For non-commercial requests, a response will be made within 5 business days after receipt of this request. The response may be extended for an additional 5 business days; you will receive a written response stating the reason for the extension.
- For all commercial requests, a response will be made within 21 business days after receipt of this request with an estimated completion date and a fee estimate. Unless the records are exempt, the request will be completed within a reasonable time period based on the size and complexity of the request. Priority shall be given to records requested for non-commercial purposes.
- If your request is denied, you will receive a written response stating the reason for the denial.
- Receipt of fee payment is required before copying of requested records is initiated.

FOR OFFICE USE ONLY:

Request Received By: _____
(BOR Employee)

Department: _____

Date: _____

FOR OFFICE USE ONLY:

Request to inspect _____ copy _____ has been:
Approved / Denied (Circle one)

_____ # pgs copied **TOTAL FEES \$** _____
(Pgs 1-50 @ no cost/Additional pgs @ \$0.15 per page)

REQUESTOR ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS (COMPLETE AT PICK-UP ONLY)

I hereby confirm that I have received the documents provided to me by the Cook County Board of Review.

(Requestor's signature) _____ Date: _____