



# NISRA

Northern Illinois  
Special Recreation Association

## Freedom of Information Act (FOIA) Request for Information Form

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

From: \_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Name of Agency or Organization

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Telephone \_\_\_\_\_ Email—for email responses \_\_\_\_\_

Description of records requested:

Please indicate the format in which you wish to receive the above requested records.

\_\_\_ Inspect, in person    \_\_\_ Copied    \_\_\_ Emailed    \_\_\_ Certified

Please indicate the purpose for requesting the above records.

\_\_\_ Noncommercial purpose    \_\_\_ Commercial purpose    \_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of person making request

**Note:** Please make & retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

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### For Office Use Only

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Response due by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional time requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Information provided by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial sent by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Information Given/Sent (circle one) to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Method of delivery: \_\_\_ Mail \_\_\_ Email \_\_\_ Other: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Notes: \_\_\_\_\_

Fees (over 50 pages, color or oversize, etc.): \_\_\_\_\_ Fees paid to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_