REQUEST TO INSPECT AND/OR COPY RECORDS

Date: __________________________

To: Nick Piazza

Freedom of Information Officer

Kishwaukee College

21193 Malta Road, Malta, IL 60150

815-825-9770

foiarequest@kish.edu

I hereby request to inspect □ copy* □ the following records:
(Please describe requested records as specifically as possible, attaching additional page if necessary.)

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* There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, tape, DVD), when applicable.

Is this request for a commercial purpose? Yes□ No□

Are you requesting a waiver or reduction of copying fees? Yes□ No□

If yes, what is the purpose of this request? ________________________________

Requester’s (Printed) Name

_______________________________________________________

Requester’s Address (including city and state)

____________________________________________________________

Requester’s E-mail Address

____________________________________________________________

Requester’s Phone

____________________________________________________________

Requester’s Signature

DO NOT WRITE IN THIS SPACE

DATE RECEIVED BY COLLEGE