

Dr. Cullen L. Cullen
Venice CUSD #3
300 S. 4th Street
Venice, IL 62090

Re: Illinois Freedom of Information Act Request

Dear Dr Cullen:

This is a request for information under the Illinois Freedom of Information Act, 5 ILCS 140.

I request that a copy of the following documents [**or documents containing the following information**] be provided to me: [**be as specific as you can in identifying the documents or information you are seeking**].

[**Option:**] I would like to inspect these records in person. [**Option:**] I would like to obtain copies of these records.

[**If you request copies of the records, you should consider adding the following text:**]

I understand that the Act permits a public body to charge a reasonable copying fee not to exceed the actual cost of reproduction and not including the costs of any search or review of the records. 5 ILCS 140/6. [**Option:**] I am willing to pay fees for this request up to a maximum of \$ _____. If you estimate that the fees will exceed this limit, please inform me first. [**Option:**] I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest. [**Include a specific explanation of why your request is in the public interest.**]

I look forward to hearing from you in writing within seven working days, as required by the Act. 5 ILCS 140(3).

Sincerely,

Name
Address
City, State, Zip Code
[**Optional:**] Telephone number and e-mail