

REQUEST TO INSPECT AND/OR COPY RECORDS

Date: _____

To: David Costello
Freedom of Information Act Officer
c/o Rock Valley College
3301 N. Mulford Rd Rockford, IL 61114
815-921-4516 (phone) 815-921-4479 (fax)
d.costello@rockvalleycollege.edu

I hereby request the following records:

(Please describe requested records as specifically as possible, attaching additional page if necessary.)

* 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 Signature

DO NOT WRITE IN THIS SPACE

DATE RECEIVED BY COLLEGE

[Address]

[City, State Zip]

[Phone Number]

[E-mail Address]