**Section 551.APPENDIX A Freedom of Information Request Form**

|  |  |  |
| --- | --- | --- |
| Requestor's Name |  | Date |
| Address |  | Telephone Number |
| City |  |  | Zip Code |
| Secretary of State Employee Name, Title & Department to Receive FOI Request: |
| Department |  | Name |  | Title |
|  |
| RECORDS SOUGHT (Be Specific): |
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|  |
|  |  |
|  | Requestor's Signature |
| The department will respond to a request for public records within seven (7) working days after its receipt. If your request is denied, you may file an appeal. Appeals should be addressed to the Assistant Secretary of State, 208 Capitol, Springfield, Illinois 62756. |
|  |
| (FOR DEPARTMENT USE ONLY) |
| Response: | Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Records Made Available Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Copies Made Yes [ ]  No [ ]  |
| Request denied and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other (Attach Correspondence): |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Department Comments (Use Reverse) | Date Request Received |