

Request # _____

West Harvey-Dixmoor School District 147

Freedom of Information Request Form

The undersigned hereby makes the following FOIA request of West Harvey-Dixmoor School District 147:

Description of Records	Check <input checked="" type="checkbox"/> for Inspection Only	# of Copies
1.		
2.		
3.		
4.		
5.		
6.		

Date: _____ Time: _____ Signature: _____

Home Address: _____ Print Full Name: _____

Home Phone #: _____ Business Phone #: _____

Check one: Commercial Request _____ Individual Request _____

Receipt for FOIA Request

The undersigned FOIA Officer of West Harvey-Dixmoor School District 147 hereby acknowledges receipt of Request # _____ on _____ (date) at the District Office located at 191 W 155th Place, Harvey, IL 60426.

Freedom of Information Officer

