

REQUEST TO INSPECT RECORDS

TO: Sean Sullivan, A302
Triton College
2000 Fifth Avenue
River Grove, IL 60171

Email to: FOIA@triton.edu

I, _____
Print/Type Name

Address

City/State

Phone Number: _____

Hereby, request the opportunity to: (check one)

A. Inspect B. Copy the following record(s) (5 days)

Will these records be used for a commercial purpose? Yes No (21 days)

1. _____
2. _____
3. _____

I understand that I will be charged \$.15 per page for (black & white) copying beyond the first 50 pgs.

Petitioner's Signature Date

Signature of Compliance Officer Date Received

Note: Date request received by public body to be filled in by Compliance Officer.

FOR OFFICE USE ONLY

1. _____ Request Denied

Signature Date

2. _____ Document Inspected

Signature Date

3. _____ Copies Provided _____ Response Sent Electronically

Signature Date