

**MARSEILLES ELEMENTARY SCHOOL DISTRICT 150
201 CHICAGO ST.
MARSEILLES, IL 61341**

**REQUEST FOR DOCUMENTS
UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT**

To: Marseilles Elementary School District 150

From: _____

The undersigned hereby requests that District 150 provide the following public records:
(Please be as specific as possible in your request.)

This request is made pursuant to the Illinois Freedom of Information Act. I understand that the Act requires the District to provide the first fifty (50) pages at no charge and then the cost for reproducing the records that I am requesting will be twenty-five (25) cents per page for each additional page reproduced.

Dated: _____

Signature: _____

Printed Name: _____

Address: _____

Telephone: _____

Unless otherwise notified, your request for public records will be complied with within five (5) working days after its receipt.

MES FOIA Officers: Janice Ruger and Robin Girard

Received from Marseilles Elementary School District 150:

By: _____

of Pages: _____

Date: _____

Total Charges: _____