

KASKASKIA COLLEGE #501

REQUEST TO INSPECT AND/OR COPY RECORDS

Date:

To: Cary Day
FOIA Officer
Kaskaskia College
27210 College Road
Centralia, IL 62801

I hereby request to inspect and copy 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

If yes, please state the purpose of the request:

Are you requesting a waiver or reduction of the copying fees?

_____ Yes

_____ No

If yes, please state basis for waiver:

Requester's Printed Name:

Requester's Signature: _____

Requester's Address:

Requester's Phone Number:

FOR COLLEGE USE ONLY
Date Request Received _____