REQUEST TO INSPECT AND/OR COPY RECORDS

Date: ____________________________

To:   Debbie Alfredson
      Freedom of Information Act Officer
      c/o Boone County Housing
      Authority
      3617 Delaware Street Rockford, IL 61102
      Phone 815-963-2133 ext. 119
      Fax Number 815-316-2194
      debalfredson@wchauthority.com

I hereby request 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 or electronic response. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size.

Is this request for a commercial purpose?  [ ] Yes  [ ] No

Are you requesting a waiver or reduction of copying fees?  [ ] Yes  [ ] No

If yes, what is the purpose of this request? __________________________________________

__________________________________________  Requester’s (Printed) Name

__________________________________________  Requester’s Signature

[Address]  ________________________________

[City, State Zip]  __________________________

[Phone Number]  __________________________

[E-mail Address]  __________________________