

Freedom of Information Act Request Form

Office of the Illinois Secretary of State



Executive Counsel
17 N. State St., Ste. 1179
Chicago, IL 60602
312-814-5535
312-814-0048 (fax)
www.cyberdriveillinois.com

Date _____
Requestor's Name _____
Company _____
Address _____
City, State, ZIP Code _____
Telephone Number _____
Requestor's Email Address _____

RECORDS SOUGHT: List records requested below. Please be specific.

Requestor's Signature _____

Return completed FOIA Request Form to: Illinois Secretary of State, Executive Counsel, 17 N. State St., Ste. 1179, Chicago, IL 60602; fax to 312-814-0048; or e-mail to ExecutiveCounsel@ilsos.gov.

If your request is denied, you may file an appeal to: Public Access Bureau, Illinois Attorney General, 100 W. Randolph, 12th Fl., Chicago, IL 60601.

(FOR DEPARTMENT USE ONLY)

RESPONSE:

Records made available: Date _____

Request denied, and reason: _____

Copies made: Yes No
Number _____ Media Exemption

Fee paid \$ _____

Other (attach correspondence):

Date Stamp Receipt
