

# 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](http://www.cyberdriveillinois.com)

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

**RECORDS SOUGHT:** Mark records requested below. Please be specific.

- Printed records: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Electronic data processing records (specify format):
- Computer output tape       CDrom: \_\_\_\_\_       Other \_\_\_\_\_
  - Data fields (e.g. name): \_\_\_\_\_
  - Special run instructions: \_\_\_\_\_

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 [dleonard@ilsos.gov](mailto:dleonard@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
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