



McHenry Elementary School District 15
 1011 N. Green Street
 McHenry, IL 60050
 Phone: 815-385-7210
 Fax: 815-344-7121

Date of Request: _____

Name: _____

Organization: _____

Address: _____

Phone Number: _____

I hereby request access to the following records:

Within 5 business days of District 15 receiving your request, you are entitled to a response, or notice that the district is in need of additional processing time (not to exceed an additional 5 business days). When our response is complete, we will contact you.

For Office Use Only:

The District's response and records were accessed by: _____

Request Delivered by: Drop-Off____ Mail____ Fax____ Email____

Materials Delivered by: Mail____ Fax____ Email____

Date: _____ Time: _____

FOIA Officer: _____ Witness: _____