

## **McHenry School District 15**

420 N. Front Street, McHenry, Illinois 60050 www.dl5.org

## **Public Records Request**

Freedom of Information Act (5 ILCS 140)

Date of Request:	Name:	
Email:	Ph	one Number:
Organization:	_	_
Address:		
I hereby request access to t	he following records:	
response, or notice that the	district is in need of add	request, you are entitled to a ditional processing time (not to response is complete, we will contact
For Office Use Only: The District's response Date	<b>)</b> :	
Request Delivered by: Ma	il Fax Em	ail
Materials Delivered by: Mai	I Fax Ema	ail
FOIA Officer:		