

**Henderson, Mercer, Warren County Regional Office of Education  
FREEDOM OF INFORMATION  
Request for Examination or Copy of Records**

- PLEASE PRINT LEGIBLY -

**REQUESTORS INFORMATION:** Date of your request: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

I am requesting the following record(s) for inspection / coping:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*There is a \$ .15 charge per page for all pages over 50

**THE BELOW ITEMS WILL BE COMPLETED BY REGIONAL OFFICE PERSONNEL:**

1. Date request received at Regional Office: \_\_\_\_\_

2. Name of person who received the request at the Regional Office: \_\_\_\_\_

3. Date response is due: \_\_\_\_\_

**Response to Information Request**

Date of compliance with request: \_\_\_\_\_ By: \_\_\_\_\_

Date of time extension agreement: \_\_\_\_\_ By: \_\_\_\_\_

Should your request be denied in full or in part, you will be notified by separate letter. If so, the below information will be applicable.

**REQUEST FOR REVIEW:** If your request for records has been denied, in-whole or in-part, you have the right to appeal this decision to:

Illinois Attorney General's Office

Public Access Review

500 S. 2<sup>nd</sup> Street

Springfield, Illinois 62706

217/558-0486

[publicaccess@atg.state.il.us](mailto:publicaccess@atg.state.il.us)

You may also appeal your denial through the Warren County Circuit Court.

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