

# LADSE

The LaGrange Area Department of  
Special Education

## ILLINOIS FREEDOM OF INFORMATION ACT (FOIA) REQUEST

TO: Elisa Evitts, Chief FOIA Officer, LADSE

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

I hereby request permission to inspect or receive copies of the following public records:  
(Please describe the documents/records requested to the best of your ability.)

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

Is this request for a commercial purpose? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Name of Requester (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

### **For Office Use Only**

\_\_\_\_\_  
*Date Request Received at LADSE*

\_\_\_\_\_  
*Delivery Mode (Personal Delivery, U.S. Mail, Fax, E-mail)*

\_\_\_\_\_  
*Latest Date Reply Must Be Sent*

\_\_\_\_\_  
*Extension Requested? (Yes or No) & Adjusted Reply Date*

\_\_\_\_\_  
*Date of Response to Request*

\_\_\_\_\_  
*By (Name of LADSE Official)*