

FOIA FORM 3

REQUEST TO INSPECT AND/OR COPY RECORDS

Date:

To: Rhonda Boehne  
FOIA Officer  
Kaskaskia College  
27210 College Road  
Centralia, IL 62801

I hereby request to inspect and copy the following records:

*(Please describe requested records as specifically as possible, attaching additional page if necessary.)*

\*There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, tape, DVD), when applicable.

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

If yes, please state the purpose of the request:

Are you requesting a waiver or reduction of the copying fees? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state basis for waiver:

Requester's Printed Name:

Requester's Signature:

Requester's Address:

Requester's Phone Number:

FOR COLLEGE USE ONLY  
Date Request Received \_\_\_\_\_