



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

Request For Records

Date of Request: _____

Requested By: Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone Number, w/area code (_____) _____

Email Address _____

Description of Records Requested

Time Period of Records Requested _____

Make Records Available For Inspection _____ Please Copy Records Requested _____

If Different Than Above Mail Records To:

Name _____

Address _____

City _____ State _____ Zip _____

Charges for Copies of Records

Paper – copies of letter or legal size from 1-50 are free, any request for more than 50 copies will be billed at the rate of 15¢ per page. Electronic copies are at no charge, provided on a CD at cost.

Mail Request To: Freedom of Information Officer
 Office of the Comptroller
 325 W. Adams St.
 Springfield, IL 62704-1858
 or Telephone 217-782-6000
 or Fax 217-558-5123

 Signature of Requestor

