



Freedom of Information Act Request Form Bureau Valley CUSD #340

Date: _____

Requestor's Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Records Sought: Please be specific

Record Format:

Printed (Paper) Copy Electronic (PDF) Copy

Other: _____

Requestor's Signature: _____

Return this form to: Bureau Valley CUSD #340, 9068 2125 North Ave, PO Box 289, Manlius IL 61338; or Fax #815-445-2802; or email ksierens@bureauvalley.net

OFFICE USE ONLY:

Date Received: _____

Received via: _____

Date Records/Response Sent: _____

Records/Response delivered via: _____