

**VALLEY EDUCATION FOR EMPLOYMENT SYSTEM  
REQUEST TO INSPECT AND/OR COPY RECORDS**

Date: \_\_\_\_\_

TO: Freedom of Information Officer  
Valley Education for Employment System  
Building A, Room 116  
Rt. 47 at Waubensee Drive  
Sugar Grove, IL 60554

This FOIA request form may be mailed, delivered or faxed (630-466-9621).

I hereby request to \_\_\_\_\_ inspect \_\_\_\_\_ copy\* the following records:  
*(Please describe requested records as specifically as possible.)*

\* 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, color copies, and for recording medium (e.g. compact disk, tape, DVD) when applicable.

Is this request for a commercial purpose? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "yes", what is the purpose of this request?

Requester's (Printed) Name \_\_\_\_\_

Requester's Address \_\_\_\_\_

Requester's Phone Number \_\_\_\_\_

Requester's Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_

Number of Copies Made \_\_\_\_\_ Fee Assessed \_\_\_\_\_

Request Completed By \_\_\_\_\_