



PART 1. REQUESTER'S CONTACT INFORMATION

Request submitted via: (check one):			
<input type="checkbox"/> E-mail	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> In person
TO: ICC.FOIARequests@Illinois.gov	TO: Illinois Commerce Commission Chief Clerk Attn: FOIA Request 527 E. Capitol Ave. Springfield, IL 62701	TO: 217-524-0673	AT: Illinois Commerce Commission Chief Clerk Attention: FOIA Request 527 E. Capitol Ave. Springfield, IL 62701
Name of Requester:		Phone Number:	Fax Number:
Street Address:		E-mail:	
City:		State:	Zip Code:

PART 2. DESCRIPTION OF RECORDS REQUESTED

When describing the records requested be as specific as possible. Additional pages may be attached, if necessary.

1. Do you want to review the records at the Illinois Commerce Commission's office?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2. Do you want to receive copies of the requested records?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "YES" was marked for Question 2: Do you want to receive paper or electronic copies? Paper <input type="checkbox"/> No charge for first 50 pages of black and white, letter or legal sized copies. Pages beyond 50, charge of 25 cents per page of black and white, letter or legal sized copies applies. For fees see 5/2-201 of the Public Utilities Act. Electronic Indicate format: _____ The documents will be provided in the electronic format requested, if feasible.
3. Is this request for commercial purposes? It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140/3.1(c)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
4. Are you requesting a fee waiver? 5 ILCS 140/6(c)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "YES" was marked for Question 4, you must answer the following questions: What is the purpose of your request? Is the principal purpose of your request to access and disseminate information regarding the health, safety and welfare or legal rights of the general public and not for personal or commercial benefit? <input type="checkbox"/> YES <input type="checkbox"/> NO

ILCC OFFICE USE ONLY

FOIA Number:

Date Request Received: