

STATE OF ILLINOIS  
ILLINOIS COMMERCE COMMISSION



TRANSPORTATION BUREAU

FREEDOM OF INFORMATION ACT REQUEST FORM

Name:	
Address:	
City:	
State:	
Zip Code:	
Telephone Number:	
E-Mail Address:	

Please provide a brief description of the public records being sought, being as specific as possible.

Is this request for inspection of the public records or for copies of the records?

- Inspection
- Copies
- Both

If you are submitting this request via U.S. Mail, please send to:

Director of Processing  
Attention: FOIA Request  
Transportation Division  
Illinois Commerce Commission  
527 East Capitol Avenue  
Springfield, Illinois 62701

OFFICE USE ONLY File Number: _____
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