WEST PRAIRIE CUSD #103

204 South Hun Street • Colchester, IL 62326 • (309) 776-3180 • Fax: (309) 776-3194

Dr. Carol L. Kilver, Superintendent

e-mail kilverc@wp103.org

FOIA - Written Request for District Records

All requests to inspect and/or to obtain a copy of District records must be made in writing. Please submit the following completed request to the Superintendent.

Dear Superintendent, I/We are hereby requesting that I/We:						
Inspect the following record	ds in the District's	s Administrativ	e office			
Receive copies of the follow	wing records (Plea	ase indicate ma	ail, fax or j	personal pi	ckup)	
Name of Individual(s) Requesting District Records			Organization			
Address			Telephone Number			
City	State 2	Zip Date of	Date of Request			
Signature(s) of Requester(s)			Date			
Staff Instructions:						
1. If this request was received in a	nother form, attac	the document	nt to this c	ompleted f	form.	
Calculate copy fee. Records mu of duplication.	ist be approved fo	r release and a	ny copy fe	ees paid in	advance	
3. Submit to Superintendent						
Record Description (Please be specif	ĩc)	Copy Requested	Copy Fee	To be mailed	To be picked up	

Total Fee:

1.

2.

3.

Adopted: 8/27/2015

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