



REQUEST TO INSPECT AND/OR COPY RECORDS

Date: _____

To: Tracey M Crawford
Darleen L Negrillo
Northwest Special Recreation Association
3000 W. Central Road, Suite 205, Rolling Meadows, IL 60008
847-392-2848
tcrawford@nwsra.org or dnegrillo@nwsra.org

I hereby request to: Inspect Copy* the following records:
(Please describe requested records as specifically as possible, attaching additional page if necessary.)

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

Is this request for a commercial purpose? Yes No

Are you requesting a waiver or reduction of copying fees? Yes No

If yes, what is the purpose of this request? _____

Requester's (Printed) Name

Requester's Signature

Requester's Address

Requester's City, St

Requester's Phone

Requester's Email

DO NOT WRITE IN THIS SPACE

DATE RECEIVED BY AGENCY