

REQUEST TO INSPECT AND/OR COPY RECORDS

Date: _____

To: Debbie Alfredson
Freedom of Information Act Officer
c/o Boone County Housing
Authority
3617 Delaware Street Rockford, IL 61102
Phone 815-963-2133 ext. 119
Fax Number 815-316-2194
debalfredson@wchauthority.com

I hereby request 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 or electronic response. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size.

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

DO NOT WRITE IN THIS SPACE

DATE RECEIVED BY WCHA

[Address] _____

[City, State Zip] _____

[Phone Number] _____

[E-mail Address] _____