

**REQUEST FOR PUBLIC RECORDS FORM**

Attn: Sherri or Elizabeth  
Administration Building  
777 South Bartlett Road  
Streamwood, IL 60107  
FOIA@spdcare.com  
Fax: (630)372-7284

**Please print clearly the following information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail (If applicable): \_\_\_\_\_

**Description of Records Requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Please indicate (with an "X") if you wish to inspect the above captioned records or wish a copy of them:**

Inspection: \_\_\_\_\_ Copy: \_\_\_\_\_ Both: \_\_\_\_\_

Do you wish to have the copies certified? If yes, which ones: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**For Office Purposes Only:**

Date Received: \_\_\_\_\_ Date Response Due: \_\_\_\_\_ Date Responded: \_\_\_\_\_