

Illinois Sports Facilities Authority

Request for Public Records

Section I: Requester Information:

Date: _____

Printed Name: _____

Address: _____
(Street, City, State, Zip)

Phone: _____
(Area Code) (Number)

Email Address: _____

Section II: Document(s) or Record(s) Requested:

Identify as specifically as possible the document(s) or record(s) sought and dates of document(s) or record(s). Please add additional sheets as appropriate.

Section III: Do you want printed copies of the document(s) or record(s)? Please see fee guidelines on ISFA's website.

YES _____ NO _____

Section IV: Certification:

I hereby certify and affirm that the above information is true and correct and that I have read and understand the ISFA policies and procedures governing disclosure of public information, including, but not limited to, my rights to appeal denials and applicable time limits.

(Signature of Requester)