



MORTON COLLEGE  
ILLINOIS COMMUNITY COLLEGE DISTRICT NO. 527

Request for **ACCESS**  or **COPIES**  of the following public record(s): (Please be as specific as possible to assist our search.)

DO YOU PLAN TO USE ANY PART OF THE REQUESTED RECORD(S) FOR A COMMERCIAL PURPOSE, INCLUDING THE USE OF ANY PART OF THE RECORD(S) FOR SALE, RESALE, SOLICITATION OR ADVERTISEMENT? **YES**  **NO**

I understand that Morton College has five (5) business days after the date of receipt by the College of this request to respond, unless the request is for a commercial purpose, in which case, I understand that the College has twenty-one (21) business days after the receipt by the College of this request to respond

\_\_\_\_\_  
Initial

I understand that if the records responsive to this request exceed fifty (50) pages of black and white, letter or legal size paper, the College charges \$0.15 for every page in excess of the fiftieth page to reimburse it for its reproduction costs, unless waiver is in the public interest, and that the requested records will not be released until payment of any applicable reproduction charges has been made via cash or certified check made payable to Morton College (FOIA).

\_\_\_\_\_  
Initial

I understand that it is a violation of the *Freedom of Information Act* to knowingly obtain a public record for a commercial purpose without disclosing that is for a commercial purpose, when requested to do so by the public body.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
SIGNATURE of Person Submitting Request

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Company/Entity

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Room/Suite/Floor/Apartment/Unit/Department

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Date

Request received by the Office of the President, Morton College, Cicero, IL 60804

\_\_\_\_\_  
Signature of Person Receiving Request

\_\_\_\_\_  
Date Received