**Section 1551.APPENDIX A Request for Public Records**

|  |  |  |
| --- | --- | --- |
| TO: Freedom of Information Office  State Board of Elections  1020 South Spring Street  Springfield, Illinois 62708 | FROM: | (Please print or type) |
|  |
|  |
| Name |
|  |
| Address (No P.O. Box Numbers will be Accepted) |
| / |
| Area Code/Telephone Number |

Description of Requested Record(s)

Please indicate if you wish to inspect the records identified above or to copy them:

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_Inspect | \_\_\_\_\_\_\_Copy | \_\_\_\_\_\_\_Both |

|  |
| --- |
|  |

For Office Use Only:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date Received |  | Date Response Due |