**Section 1901.APPENDIX A Request for Public Records**

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| TO: Freedom of Information OfficerIllinois Health Facilities Authority180 North Stetson Avenue, Suite 1100Chicago, Illinois 60601 | FROM: |   |
|  |  | Name |
|  |  | Address |
|  |  | ZIP( ) |
|  |  | Telephone |
| Description of Requested Record(s):  |
| Please indicate if you wish to inspect the above-captioned records or wish a copy of them: |
| [ ]  Inspection | [ ]  Copy | [ ]  Both |
| FOR OFFICE USE ONLY: |  |
| Date Received |  | Date Response Due |

(Source: Amended at 20 Ill. Reg. 358, effective December 26, 1995)