

Illinois Department of Revenue

FOIA-1 Freedom of Information Act Request

Do not write in this box. Official use only.	
Do not write in this box. Official use only.	
Do not write in this box. Official use only.	
Do not write in this box. Official use only.	
Do not write in this box. Official use only.	
Do not write in this box. Official use only.	
	Do not write in this box. Official use only.

General Instructions

Use this form to request information or public records under the provisions of the Illinois Freedom of Information Act (5 ILCS 140/1, *et seq.*). If you have questions or need assistance, email <u>REV.FOIA@Illinois.gov</u> or call 217 782-0985.

· ·			
Requestor Informati	ion		
Name Street address			Business name or affiliation Email address
Signature			Date
Reason for Request	:		
	om of Information A prose, if it is reque- poinc copies? Paper ting for the electron	ct for a person to it sted to do so by the per Electronic copies?	
If you are requesting a waive	er of any fees for co request is to acces		ents, you must attach a statement of the purpose of the request and whethe information regarding the health, safety and welfare or legal rights of the
Records Requested Provide as much specific de		dditional pages ma	ay be attached, if necessary.

Submit completed form to: Email REV.FOIA@illinois.gov

Mail ILLINOIS DEPARTMENT OF REVENUE FOIA OFFICER 101 W JEFFERSON ST MC 6-595 SPRINGFIELD IL 62702