FOIA - REQUEST FOR REVIEW BY PUBLIC ACCESS COUNSELOR (PAC)

Note to Requester: You must file a Request for Review within 60 days of the date on which the public body denied your FOIA request. If your FOIA request was denied more than 60 days ago, the PAC will not accept your Request for Review.

Name of R	equester:		
Address: _			
City, State,	, Zip:		
Telephone	Number:	E-mail (optional):	
I hereby s my FOIA		t for the Public Access Counselor to review the der	nial of
Date on W	hich the Public Body	Denied the FOIA Request:	
Name of th	ne Public Body:		
Attach the	following documents): :	
Red	•	**Note: The Public Access Counselor will NOT acce inless a copy of the FOIA Request denied by the pu	-
AND			
Cou con cor	unselor's review of nplete response to	iblic Body. ***Note: In order to facilitate the Public f this issue, please provide a copy of the public body the FOIA request. This may include documents or the public body, as well as a written summary of a	ly's
OR			
The F	Public Body never res	sponded.	
Signature (of Requester:		
Mail to:	Public Access Cou Office of the Atto 500 S. 2 nd Street	rney General	

Springfield, IL 62702