



## REQUEST TO INSPECT RECORDS

**To:** Compliance Officer  
Community Unit School District 201  
200 N Linden Ave.  
Westmont, IL 60559

I, \_\_\_\_\_,  
*(Print or type the name and address of requester)*

hereby request the opportunity to [check appropriate term(s):

a) \_\_\_ inspect

or

b) \_\_\_ copy the following record(s). Please describe record(s) precisely:

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I also request that a copy of the following record(s) be certified. Please describe record:

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I understand that I shall be charged \$.15 per page after the first 50 pages which shall be provided without charge. I further understand that these records are not to be used to further a commercial enterprise.

\_\_\_\_\_  
Signature of Requesting Individual

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Street Address, City, State, Zip

**DO NOT WRITE IN THIS SPACE**

**Date Request Received:** \_\_\_\_\_

**Employee Receiving Request:** \_\_\_\_\_

**Date & Time of Appointment to Inspect:** \_\_\_\_\_