

**QUADCOM (JETS)  
RECORD REQUEST FORM  
ILLINOIS FREEDOM OF INFORMATION ACT**

*I submit this request for records from QuadCom (JETS) under the provisions of the Illinois Freedom of Information Act.*

Requestor Name:	
Current Mailing Address:	
Daytime Telephone:	

**Request Submitted By:**             E-mail     U.S. Mail     Fax     In Person

**Description of Records Requested:**

*Please provide as complete a description of the record(s) requested as possible, for example, title or subject of the document/record, date of issue, person or office issuing the document/record, person or office receiving the document or record. You may attach additional pages, if necessary.*

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**Type of Request:**

This request is to:             Inspect the record(s)  
                                           Obtain a copy of the record(s)         Paper Copies?  
                                                                                                   Electronic Copies?      What Format? \_\_\_\_\_  
 Obtain a certified copy of the record(s)

**Is this request for a Commercial Purpose?**             Yes         No

*(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. (5 ILCS 140.3.1 (c))*

**Are you requesting a fee waiver?**             Yes         No

*(If you are requesting that the public body waive any fees for copying documents, you must attach a statement of the purpose of the request, and whether the principla purpose of the request is to access or disseminate information regarding the health, safety and welfare or leagl rights of the general public. (5 ILCS 140/6(c))*

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

**Office Use Only:**

Request Received By: \_\_\_\_\_

Request Received:                      Date: \_\_\_\_\_                      Time: \_\_\_\_\_