



www.bighollow.us

Mr. Robert Gold, Superintendent

Big Hollow District Office
26051 W. Nippersink Rd.
Ingleside, IL 60041
Phone 847-740-1490
Fax 847-740-5325

Big Hollow Primary School (EC-1)
33335 N. Fish Lake Rd.
Ingleside, IL 60041
Phone 847-740-5320
Fax 224-426-3192

Big Hollow Elementary (2-4)
33315 N. Fish Lake Rd.
Ingleside, IL 60041
Phone 847-740-5321
Fax 224-330-6915

Big Hollow Middle School (5-8)
26051 W. Nippersink Rd.
Ingleside, IL 60041
Phone 847-740-5322
Fax 847-740-5325

REQUEST FOR INFORMATION

UNDER ILLINOIS FREEDOM OF INFORMATION ACT, 5 ILCS 140-1, ET SEQ. (THE "ACT")

To: Big Hollow School District 38

Attn: Bob Gold, Superintendent
Big Hollow School District 38
26051 West Nippersink Road
Ingleside, IL 60041

Fax: 847-740-9172

Email: bobgold@bighollow.us

Under the Illinois Freedom of Information, 5 ILCS 140/1, et seq. (the "Act"). I hereby request to view the following District 38 record(s). (Please put additional request information on a second sheet of paper.)

REQUESTS FOR COMMERCIAL PURPOSE

Is the request for a commercial purpose?

- Yes
- No

The Illinois Freedom of Information Act defines “commercial purpose” as the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services. For purposes of this definition, requests made by news media and non-profit, scientific, or academic organizations shall not be considered to be made for a “commercial purpose” when the principal purpose of the request is (i) to access and disseminate information concerning news and current or passing event, (ii) for articles of opinion or features of interest to the public, or (iii) for the purpose of academic, scientific, or public research or education.

5 ILCS 140/2 (c-10)

I understand that District 38 has five working days (21 days for commercial purpose requests), after the date of receipt by the Superintendent, to respond to the request for records.

CONTACT INFORMATION: (Please print clearly)

Name:

Address:

Organization/Company:

Phone:

Email:

Signature: _____ Date: _____

For District Use:

Request Received Via: US Mail Fax Hand Delivery Email

Received by: _____ Date: _____

Date Superintendent Received: _____