Jacksonville School District #117 516 Jordan Street Jacksonville, IL 62650 217-243-9411

Policy 2:250-E1

FOIA - Written Request for District Records

Dear Superintendent,

Adopted 4/22/09

All requests to inspect and/or to obtain a copy of District records must be made in writing. Please submit the following completed request to the Superintendent.

I/We are hereby requesting that I/We:				
Inspect the following records in the District's Administrative office				
Receive copies of the following records (Plo	ase indicate m	ail, fax or	personal p	ickup)
Name of Individual(s) Requesting District Records 27 ELEANOR LN Address JACK SONVIUL 14 626 City State	<u>21</u> Telep	nization 7 - 491 hone Num 10/2 of Request	ber	2
Signature(s) of Requester(s) 10/2/14 Date				
Staff Instructions:				
1. If this request was received in another form, attach the document to this completed form.				
Calculate copy fee. Records must be approved for release and any copy fees paid in advance of duplication.				
3. Submit to Superintendent				
Record Description (Please be specific)	Copy Requested	Copy Fee *	To be mailed	To be picked up
1 FOR ALL GMPLOYEES DRIVE FROM LYEAR PRINT FOR ALL GMPLOYEES DRIVE FROM LYEAR.	ice			
3 TERCHER SALARY TABLES FOR PREVIOUS CONTRACT WHICH IS				
NOT DU WEBSITE	Total Fee:		C 20	
PAY INCREASE AMAINTS IN PERCENTAGES SINCE 2008 FOR TEACHERS, CUSTO DIANS/MAINT, AND BUS ORIVERS				