

REGIONAL SUPERINTENDENT OF SCHOOLS
3430 AVENUE OF THE CITIES
MOLINE, IL 61265
Phone 309-736-1111

FREEDOM OF INFORMATION ACT

Denial of Request for Public Records

TO: _____
NAME (Print)

ADDRESS (Print)

CITY, STATE, ZIP (Print)

PHONE NUMBER

DESCRIPTION OF REQUESTED RECORD(S):

Your request dated _____ for the above captioned records has been denied:

_____ The request creates an undue burden on the public body in accordance with Section 3 (f) of the Freedom of Information Act, and we were unable to negotiate a more reasonable request.

_____ The materials requested are exempt under Section 7 of the Freedom of Information Act for the following reasons:

You have the right to appeal the denial of the records you have requested by submitting a written notice of appeal to:

The Public Access Counselor
Public Access Bureau
500 S. 2nd Street
Springfield, Illinois 62706

In submitting your notice of appeal, the request for review must be in writing, signed by the requester, and include a copy of the request for access to records and any responses from the public body. Appeals should be made no later than 60 days after the date of the final denial.

Signature Title Date