



Freedom of Information Act Request Form (FOIA)

Attn: FOIA Officer
SURS
1901 Fox Drive
Champaign, IL 61820
FOIA_Officers@surs.org

Date: _____
Requestor's Name: _____
Company: _____
Address (street and/or Po Box) _____
City, State, and Zip Code: _____
Telephone number: _____
Records Sought: (be sure to be as specific as possible)
 Printed: _____

- Electronic data processing records (specify format):
- Excel Spreadsheets CD-ROM: _____
- Other _____
- Special run instructions:

Requestor's Signature: _____
Return completed FOIA Request Form to: SURS: Attn: FOIA Officer 1901 Fox Dr. Champaign, IL 61820; or email to FOIA_Officers@surs.org

If your request is denied, you may file an appeal to: Public Access Appeal Officer, Illinois Attorney General, 100 W. Randolph, 12th Fl., Chicago, IL 60601 or publicaccess@atg.state.il.us

_(FOR INTERNAL USE ONLY)

RESPONSE:

Records made available: Date _____
Request denied, and reason: _____
Copies made: Yes No
Number _____ Media Exemption
Fee paid \$ _____
Other (attach correspondence)