

Request to Inspect and/or Copy Records			DO NOT WRITE IN THIS SPACE	
Date:			DATE RECEIVED BY NSSRA	
То:	Craig Culp, Executive Director or Candice Cunningham, Superintendent Northern Suburban Special Recreation Association (NSSRA) 1221 County Line Rd. Highland Park, IL 60035 (847) 509-9400 cculp@nssra.org or ccunningham@nssra.org			
	by request to  inspect  copy* the following the following inspect  specifically as possible describe requested records as specifically as possible to the following inspect  specifically as possible to the following inspect  inspect  inspect  specifically as possible to the following inspect  inspect		age if necessary.)	
per po (e.g,. o	e is no copying fee for the first 50 black and white age. Actual cost will be charged for copies of docucompact disk, tape, DVD), when applicable.	uments not of standard siz	ze, and for the recording medium	
ls this	request for a commercial purpose?	☐ Yes	□ No	
Are yo	ou requesting a waiver or reduction of copying fee	es?	□ No	
If yes,	what is the purpose of this request?			
Reque	ester's (Printed) Name	equester's Signature		
Addre	ess			
Phone	Number	nber Email Address		
(FOIA I	Form 3)			