



NORTH EAST MULTI-REGIONAL TRAINING

Team In-Service Training Unit #3 - ASSIST Program

Request for Records under the Freedom of Information Act

Name of Person Requesting Release of Records: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Date of Request: _____ Time of Request: _____

Please describe below the public record you are requesting. In order to expedite the search for records, please be as specific as possible.

Please indicate if you wish to review the requested record or if you require copies. A \$0.15 per page copying charge will be applied if copied pages exceed 50.

- Review Only Copy Only Review and Copy

North East Multi-Regional Training will respond to this request within seven (7) working days.

Signature of Person Making Request: _____

Date: _____

Please bring, fax, mail, or e-mail this completed form to: **Freedom of Information Officer,**
North East Multi-Regional Training
355 Smoke Tree Business Plaza
North Aurora, IL 60542
630.896.8860
e-mail: foia@nemrt.com

(For NEMRT Office Use Only)

Date Received: _____ Received by: _____

A response to this request must be made by: Director D/D of Administration D/D of Operations

FOIA response is due no later than: _____