

**City of Chicago
COMMISSION ON HUMAN RELATIONS**

IN THE MATTER OF:

Complainant

v.

Respondent(s)

Case Number _____

FILE ACCESS REQUEST
(for parties requesting their own files)

Name of each *party* making this request: _____

The requesting party is a

Complainant

Respondent.

If requested by an attorney for a party:

Appearance pursuant to Reg. 270.310 was previously filed and served.

Attorney appearance accompanies this request and will be served.

Contact information for the person submitting this request:

Full name _____

Title & firm if applicable _____

Street Address _____

Telephone _____

How to fulfill the request:

Contact me to schedule an appointment to inspect the file and arrange for copying.

I authorize the Commission to copy the entire file as found without prior inspection, and agree to prepay the copying costs at 20 cents per page, by check or money order payable to the City of Chicago.

Will pick up the documents when notified they are ready.

Please send the documents by U.S. Mail. I agree to prepay the mailing cost.

I request to inspect the files of the Commission on Human Relations pertaining to the above captioned case pursuant to Commission Regulation 220.410.

Signature _____ Date _____

Submit request to

Docket Clerk

Chicago Commission on Human Relations

740 N. Sedgwick, 4th Floor, Chicago, IL 60654

Fax 312-744-1081, Phone 312-744-4111, TTY 312-744-1088

FOR OFFICE USE:

Request taken orally via telephone in person by _____

Appt. date & time _____ with _____

Date fulfilled _____ by _____

Number of copies made _____

Amount & date of payment _____