FOX RIVER & COUNTRYSIDE FIRE RESCUE DISTRICT
RECORD REQUEST FORM
ILLINOIS FREEDOM OF INFORMATION ACT

I submit this request for records from the Fox River & Countryside Fire Rescue District under the provisions of the Illinois Freedom of Information Act.

Date: _____

Requestor Name: _____

Current Mailing Address: _____

Current Email Address: _____

Daytime Phone Number: _____

Request Submitted By: [ ] E-Mail [ ] U.S. Mail [ ] Fax [ ] In Person

Description of Records Requested:

Please provide as complete a description of the record(s) as possible.

_____

_____

_____

_____

_____

Type of request: [ ] Obtain a copy of the record(s) [ ] Paper Copies [ ] Electronic Copies

[ ] Inspect record(s)

Is this request for a Commercial Purpose? [ ] Yes [ ] No(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. (5 ILCS 140.3.1 (c))

Are you requesting a fee waiver? [ ]Yes [ ] No
(If you are requesting that the public body waive any fees fore copying documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. (5 ILCS 140/6 (c))

_____
Signature of Requestor

Office Use Only

Request Received By:_____ Date:_____ Time:_____