

**Tri-State Fire Protection District
419 Plainfield Road
Darien, IL 60561**

Telephone: 630-323-6445

Fax: 630-654-6450

Freedom of Information Act -- Written Request for Records

Date Requested: _____

Request Submitted by: _____ E-mail _____ U.S. Mail _____ Fax _____ In Person

Name of Requester: _____

Company (if applicable): _____

Address: _____
Street Address City, State, Zip Code

Telephone (Optional): _____ Fax (Optional) _____

E-mail (Optional): _____

Records Requested: (Please provide as much specific detail as possible so the public body can identify the records that you are seeking. You may attach additional pages if necessary.)

Do you want copies of the documents: YES or NO

Do you want Electronic Copies (if available) or Paper Copies? _____

Is this request for a Commercial Purpose? YES or 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? _____ (If you are requesting that the public body waive any fees for copying the 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 Requester: _____

(For Office Use Only)

Date Received: _____

Date Response Due: _____

By: _____

By: _____