

FLAGG CREEK WATER RECLAMATION DISTRICT

REQUEST FOR PUBLIC RECORDS

TO: FOIA OFFICER
FLAGG CREEK WATER RECLAMATION DISTRICT
7001 N. FRONTAGE ROAD, BURR RIDGE, IL 60527
PHONE: 630/323-3299
FAX: 630/323-4230
EMAIL: info@fcwrd.org

FROM: NAME: _____
COMPANY: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____ E-MAIL: _____

DATE SUBMITTED:

DESCRIPTION OF REQUESTED RECORDS:

(Describe as specifically as possible the record(s) or document(s) sought. Include dates if possible.)

Is request to be used for commercial purposes? _____ Yes _____ No

Please indicate if you wish to inspect the above records or would like a copy of the records, or both.

Inspection (free of charge) _____ **Copy** (*) _____ **Both**

Do you want the copies certified? _____ **Yes*** _____ **No**

*No fee will be charged for the first 50 pages of black and white, letter or legal sized copies. The fee for each page thereafter shall be \$.15 per page. For color copies of letter or legal sized documents, and the costs for copies of maps, photographs, CD's DVD's, etc. will be the actual cost of reproduction. The cost for certifying a record shall be \$1.00.

Note: Payment of copying costs (when applicable) must be received by the District before delivery of any copies.

I hereby certify and affirm that the above information is true and correct and that I have read and understand the Flag Creek Water Reclamation District Procedures and Methods for Requesting Information and Public Records, including but not limited to, my rights to appeal denials.

Signature of Requester

FLAGG CREEK WATER RECLAMATION DISTRICT

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District Use Only

Date received: _____ Date response due by: _____

Date response provided: _____

Extension Required? _____ Yes No

Type of Extension: _____ Statutory _____ Mutual Due date after extension: _____

Type of Response: _____ Approval _____ Partial Approval _____ No Records _____ Denial

Notations regarding oral communications or other items:

FOIA OFFICER:

DATE: