

**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](mailto: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.)

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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: