FREEDOM OF INFORMATION ACT

REQUEST FOR PUBLIC RECORDS FROM THE WEST CHICAGO FIRE PROTECTION DISTRICT

TO: CHIEF PATRICK TANNER
FROM: ____________________________

FOI OFFICER

NAME

WEST CHICAGO FIRE
PROTECTION DISTRICT

ADDRESS

200 FREMONT STREET
WEST CHICAGO, IL 60185

CITY, STATE, ZIP CODE

AREA CODE, PHONE#

DESCRIPTION OF REQUESTED RECORDS

________________________________________________________________________

The above-captioned records were presented to the requesting individual for inspection on the ________ day of __________________ , 20______ at ___________ a.m./p.m.

The above-captioned records were not presented to the requesting individual for inspection, or a portion of the records were not presented for inspection for the following reason(s):

_____ The requested records are stored in another location.
_____ The request requires the collection of a large amount of records.
_____ The request is categorical in nature and requires an extensive search.
_____ We have failed to locate the requested records in our initial attempt and the search is continuing.
_____ The requested records require examination by a competent person in order to determine which, if any, are exempt under Section 7 of the Act.
_____ It would unduly burden or interfere with the operations of the West Chicago Fire Protection District to fill the request within the initial seven (7) working days.
_____ There is a need for consultation with another public body which has a substantial interest in the determination or in the subject matter of the request.

With respect to the records you have requested, such records will be made available to you by the ________ day of ________________, 20______ or we will make a decision denying your request by such date.

FREEDOM OF INFORMATION ACT REQUESTING INDIVIDUAL:

BY: __________________________________________
TITLE: ________________________________________
DATE: _________________________________________

WEST CHICAGO FIRE PROTECTION DISTRICT

BY: __________________________________________
TITLE: ________________________________________
DATE: _________________________________________