WAUCONDA FIRE PROTECTION DISTRICT
FREEDOM OF INFORMATION ACT
REQUEST FORM

The Wauconda Fire Protection District is committed to compliance with the provisions of 5ILCS 140/1, the Freedom of Information Act. The District shall provide access to documents available pursuant to the Act during regular business hours of 08:00 a.m. to 4:00 p.m. Monday through Friday; excepting state and federally recognized holidays. Any documents needed to be certified shall be certified for a fee of $0.00. Documents needed to be reproduced pursuant to the request shall be done so for a fee of $0.00.

Date of Request: _____

Name of Requestor: _____

Mailing Address: _____

Address: *(if different from mailing)* _____

Phone Number: _____

Email Address: _____

Requested Documents: _____

_____

Purpose of Request: _____

_____

Do you wish to view or copy the documents: _____

_____

Do you need any of the documents to be certified: _____

_____

District Use Only

Date request received: _____

Person receiving request: _____

Person fulfilling request: _____

Information reviewed by Chief / Deputy Chief: _____

Date of Chief / Deputy Chief review: _____

Date information provided to requestor: _____

If denied; purpose of denial: _____

_____

_____

Date denial letter sent by Chief: _____