

FORM 1

NORTHLAKE FIRE PROTECTION DISTRICT
FREEDOM OF INFORMATION ACT
WRITTEN REQUEST FOR RECORDS

Date Requested

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

Requester Name Company/Agency Name

Address

Phone Number Fax Number

E-mail (Optional) _____

Records Request: Provide as much specific detail as possible so NFPD can identify the information you are seeking.

Inspect records at Northlake Administrative Office Yes No Copies of the documents? Yes No

Type of Copies: Specify Type of Electronic Format:

Is this request for commercial purposes? Yes 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. 5ILCS 140.3.1 (c))

Are you requesting a fee waiver? Yes No

(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. 5ILCS 140/6(c))

Signature of Requester:

For Office Use Only

Date Response Received: Date Response Due:

Received by (signature):