



**DARIEN-WOODRIDGE
FIRE PROTECTION DISTRICT**

FREEDOM OF INFORMATION ACT REQUEST

PLEASE PRINT

Requestor's Name: _____

Address: _____

Telephone No.: (_____) _____ - _____

E-Mail Address: _____

Date of Request: ____/____/____

Please describe here the public records you are requesting. In order to expedite the search for the records, please be as specific as possible.

Reason for Request:

Darien-Woodridge Fire Protection District will respond to or deny this request within seven (7) working days. (The request must be received prior to Noon to be included as part of the 7 days.)

I certify that the information received from this request shall not be used for purposes other than those requested.

Signature of Requestor