



DARIEN-WOODRIDGE

Fire Protection District

7550 Lyman Avenue, Darien, Illinois ■ 630.910.2200 ■ 630.910.2203 (Fax)

FORM 1

DARIEN-WOODRIDGE FIRE PROTECTION DISTRICT FREEDOM OF INFORMATION ACT WRITTEN REQUEST FOR RECORDS

To the Freedom of Information Officer (or designee):

Request is made to:

_____ Inspect the following records at the Darien-Woodridge Fire Protection District's Administrative Office.

_____ Receive copies of the following records from the Darien-Woodridge Fire Protection District.

(Please be specific in listing records.)

Will the records received or requested or the information derived thereof be used in any form of sale, resale, or solicitation or advertisement for sales or services?

_____ Yes

_____ No

I understand that if I request that the records be copied, I may be charged a fee due in full before the copies are made.

Requester(s) Contact Information

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Signature(s) of Requester(s)

Date of Request

(For office use only)

Date Request Received: _____

Signature: _____

Date Response Due: _____