

**ILLINOIS FREEDOM OF
INFORMATION ACT
REQUEST FOR PUBLIC
RECORDS**



(Please Print Legibly)

Date: _____

To: **David Sawlsville**
District Chief
Ogle-Lee Fire Protection District
401 5th Avenue
Rochelle, IL 61068

From: Requestor's Name: _____
Address: _____
City, State, Zip Code: _____
Phone Numbers: Home: _____
Cell: _____
Work: _____
Fax: _____

Name of person for whom records are being requested (if not Requestor): _____

DESCRIPTION OF REQUESTED RECORD(S)

(Please be specific and detailed)

I hereby request the right to inspect or to obtain copies or certified copies of, the following public records of the Ogle-Lee F.P.D.:

FEE:

This request is for (check the appropriate item)

- | | |
|---|--|
| _____ Inspection only, no fee | _____ Certification: \$1.00 per document plus copy fee |
| _____ Copies: Black and White: | _____ Mailing: cost of postage |
| _____ First 50, free (letter or legal size) | _____ Other: |
| _____ Fifty-one and over .15 each side | |
| _____ Copies: Color .50 each side | |

I further acknowledge and agree that, if the services of an outside vendor are required to copy any public record, I shall pay the actual charges that the fire district incurs in connection with such copying services.

Signature of Requestor: _____

For Office Use Only

Date Received _____ Date Response Due _____

FOI Officer Initial _____ Approved _____ Disapproved _____