



FOR OFFICE USE ONLY
DATE RECEIVED
METHOD OF DELIVERY

FREEDOM OF INFORMATION ACT WRITTEN REQUEST FOR RECORDS

COMPLETE THIS FORM AND RETURN IT TO THE DISTRICT OFFICE.

Please Print Clearly.

WHO IS MAKING THIS REQUEST?

DATE OF REQUEST

NAME:

STREET ADDRESS:

PHONE NUMBER:

WHO WILL BE PAYING FOR ANY COPIES* MADE IN COMPLETING THIS REQUEST?

SAME AS ABOVE.

NAME:

BILLING ADDRESS:

PHONE NUMBER:

Describe in detail below the public records you are requesting and state whether you wish to inspect and/or *copy such records. Also, please state whether such public records are to be certified.

I wish to inspect the information prior to making copies.

Please make copies and send with invoice.*

These records are to be certified.

The staff of the North Cook County SWCD will respond to the above request within seven (7) working days from the above date unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(d) of the Act are invoked by the District.

Signature of Person Making Request: _____

North Cook County SWCD
640 Cosman Road
Elk Grove Village, IL 60007
224.875.7580
www.northcookswcd.org

*FOIA Copy Rates: \$.20 each 8 1/2 x 11 sheet / \$.25 each Legal sheet / \$.35 each 11 1/2 x 17 sheet