FLAGG CREEK WATER RECLAMATION DISTRICT

REQUEST FOR PUBLIC RECORDS

TO: FOIA OFFICER
FLAGG CREEK WATER RECLAMATION DISTRICT
7001 N. FRONTAGE ROAD, BURR RIDGE, IL 60527
PHONE: 630/323-3299
FAX: 630/323-4230
EMAIL: info@fcwrd.org

FROM: NAME:_____
COMPANY:_____
ADDRESS:_____ E-MAIL: _____
CITY, STATE, ZIP:_____
PHONE:_____FAX:_____

DATE SUBMITTED: _____

DESCRIPTION OF REQUESTED RECORDS:
(Describe as specifically as possible the record(s) or document(s) sought. Include dates if possible.)

_____

_____

_____

_____

Is request to be used for commercial purposes?_____Yes_____No

Please indicate if you wish to inspect the above records or would like a copy of the records, or both.

Inspection (free of charge) _____**Copy** (*)_____**Both**

Do you want the copies certified?_____**Yes*** _____**No**

*No fee will be charged for the first 50 pages of black and white, letter or legal sized copies. The fee for each page thereafter shall be $.15 per page. For color copies of letter or legal sized documents, and the costs for copies ofmaps, photographs, CD's DVD's, etc. will be the actual cost of reproduction. The cost for certifying a record shallbe $1.00.

Note: Payment of copying costs (when applicable) must be received by the District before delivery of any copies.

I hereby certify and affirm that the above information is true and correct and that I have read and understand the Flagg Creek Water Reclamation District Procedures and Methods for Requesting Information and Public Records, including but not limited to, my rights to appeal denials.

_____
Signature of Requester