

Dakota Fire Protection District
FREEDOM OF INFORMATION ACT (FOIA) REQUEST

Requestor's Name (or business name, if applicable)	Date of Request	Phone number
Street Address	Certification requested: _____ Yes _____ No	
City	State	Zip
Description of Records Requested: _____ _____ _____		
<i>Dakota Fire Protection District Response (Requestor does not fill in below this line)</i>		
A P P R O V E D	<input type="checkbox"/> The documents requested are enclosed. <input type="checkbox"/> The documents will be made available upon payment of copying costs \$_____. <input type="checkbox"/> You may inspect the records at _____ on the date of _____. _____ Signature of person receiving records	
D E N I E D	<input type="checkbox"/> The request creates an undue burden on the public body (in accordance with 5ILCS 140/3 of the Freedom of Information Act), for the following reason(s): _____ <input type="checkbox"/> The materials requested are exempt under 5ILCS Exemptions 140/7 of the Freedom of Information Act for the following reason(s): _____ _____ Individual(s) that determined request to be denied: _____ <input type="checkbox"/> Request delayed, for the following reason(s) (in accordance with 5ILCS 140/3(d) of the FOIA): _____. You will be notified by the date of _____ as to the action taken on your request.	

The information required by this form is MANDATORY in order to comply with 5 ILCS 140/1. Failure to so provide may result in this form not being processed.

FOIA Officer	Date of Reply
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