



FREEDOM OF INFORMATION REQUEST FORM

**Dakota Fire Protection District,
ILLINOIS Freedom of Information
Act Officer 118 East Main St
Dakota, Illinois 61018**

**Telephone: (815) 449-2490 Fax: (815) 449-2490
Website: www.dakotafire.org**

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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