



McHENRY TOWNSHIP FIRE PROTECTION DISTRICT
FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

Date Received: _____

Comply By: _____
Five (5) Business Days

Requester Name: _____ Day Telephone: _____

Company/Organization: _____

Address: _____ Email: _____

Records Requested: (Please be specific, include approximate date range, record type, etc.)

Are you asking for these records for commercial purposes? [] Yes [] No

Please indicate the format in which you would like the District to respond: (Please Check)

[] I will inspect these records at the District Main office, during the regular business hours (posted at www.mtfd.com) after you notify me that they are ready for inspection.

[] I request electronic copies be sent to the email address above if possible or be referred to the District website.

[] I request hard copies of these records. I agree to pay the fees (if any) for copies as set by the fee schedule below, prior to receiving the copies.

(a) Black and white, letter or legal size copies: There is no charge for the initial 50 pages, after which the cost will be \$.15 per page.

(b) Color or Irregular Sized Copies: The fee for color or irregular sized copies shall be the actual cost incurred by the District for reproducing the records.

(c) Certification of document: The fee for certification of a document shall be \$1.00.

(d) Records in Electronic Format: The fee charged for producing records in an electronic format shall be the actual cost incurred by the District for purchasing the recording medium.

[] I request certification of the copies provided. I agree to pay \$1.00 for each document certified, which is in addition to duplication fees (if any).

Signature of Requester

(FOR DISTRICT OFFICE USE ONLY)

Date Complied with: _____ No. of copies made: _____ Time taken to fill: _____

1st written response due date: _____ Nature of 1st response: [] Notification of 5 day extension

[] Notification of date when records will be available (Commercial only) [] Notification of fees due/ documents ready date

[] Delivery of requested records [] Notice of Intent to Deny [7(1)(c) or 7(1)(f)] [] Notification of denial

If additional extension agreed in writing, new due date is: _____ (attach correspondence)

Fees: \$ _____ Date paid: _____

Record delivery date/ denial date: _____ [] Viewed, [] Picked up, [] Mailed, [] E-mailed, [] Denial notice sent

Reason for denial: _____

Notes:

Requests made for commercial purposes will be disclosed within 21 days and within five business days for all other requests, unless the applicable response period is extended as provided by law or the request is denied, The requester may seek review of a denial by the Public Access Counselor of the Office of the the Illinois Attorney General. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 51LCS 140/1 et seq.