

TROY FIRE PROTECTION DISTRICT

FORM 1

**TROY FIRE PROTECTION DISTRICT
FREEDOM OF INFORMATION ACT
WRITTEN REQUEST FOR RECORDS**

Dear Fire Chief (or designee):

(I), (We), are hereby requesting that (I) (We)

_____ inspect the following records at the Troy Fire Protection District's Administrative Office.

_____ receive copies of the following records from the Troy Fire Protection District.

(Please be specific in listing records.)

_____ Will the records received or requested or the information derived thereof be used in any form of sale, resale, or solicitation or advertisement for sales or services?

_____ Yes

_____ No

I understand that if I request that the records be copied, I may be charged a fee due in full before the copies are made.

Signature(s) of Requester(s)

Date of Request

(For office use only)

Date Request Received: _____

Signature: _____

Date Response Due: _____

TROY FIRE PROTECTION DISTRICT

FORM 2

**TROY FIRE PROTECTION DISTRICT
FREEDOM OF INFORMATION ACT
APPROVAL FOR REQUEST FOR PUBLIC RECORDS**

DATE: _____

TO: _____

FROM:
Troy Fire Protection District
700 Cottage Street
Shorewood, IL 60404

NAME _____

ADDRESS _____

CITY STATE ZIP _____

(_____) _____
PHONE NUMBER

DESCRIPTION OF REQUESTED RECORDS:

Your request dated _____ for the above captioned records has been approved.

_____ The documents will be made available at the District Administrative Office on (Date) _____
_____ upon payment of copying costs in the amount of _____
_____.

_____ You may inspect the records at _____

on _____
DATE

Fire Chief or Designee

Date