

**TROY FIRE PROTECTION DISTRICT**

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**FORM 1**

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

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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**

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**FORM 2**

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

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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