

DOWNERS GROVE SANITARY DISTRICT
REQUEST FOR PUBLIC RECORDS

TO: FOIA OFFICER
DOWNERS GROVE SANITARY DISTRICT
2710 CURTISS STREET, DOWNERS GROVE, IL 60515
PHONE: 630/969-0664
FAX: 630/969-0827
EMAIL: foia@dgsd.org

FROM: NAME: _____
COMPANY: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____ E-MAIL: _____

DATE SUBMITTED: _____

DESCRIPTION OF REQUESTED RECORDS:

(Describe as specifically as possible the record(s) or document(s) sought. Include dates if possible.)

Is request to be used for commercial purposes? _____ Yes _____ No

Please indicate if you wish to inspect the above records or would like a copy of the records, or both.

_____ **Inspection** (free of charge) _____ **Copy** (*) _____ **Both**

Do you want the copies certified? _____ **Yes*** _____ **No**

*No fee will be charged for the first 50 pages of black and white, letter or legal sized copies. The fee for each page thereafter shall be \$.15 per page. For color copies of letter or legal sized documents, and the costs for copies of maps, photographs, CD's DVD's, etc. will be the actual cost of reproduction. The cost for certifying a record shall be \$1.00.

Note: Payment of copying costs (when applicable) must be received by the District before delivery of any copies.

I hereby certify and affirm that the above information is true and correct and that I have read and understand the Downers Grove Sanitary District procedures for submitting requests as set forth on the reverse side of this form, including but not limited to, my rights to appeal denials and time limits thereof.

Signature of Requester

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District Use Only

Date received: _____ Date response due by: _____

Date response provided: _____

Extension Required? _____ Yes _____ No

Type of Extension: _____ Statutory _____ Mutual Due date after extension: _____

Type of Response: _____ Approval _____ Partial Approval _____ No Records _____ Denial
_____ PAC approved denial

Notations regarding oral communications or other items:

FOIA OFFICER: _____

DATE: _____

SUBMITTAL OF FOIA REQUESTS

The Freedom of Information Act, 5 ILCS 140/3 et seq., is the principal Illinois statute governing the inspection of public records. The Act requires that public bodies make available for inspection or copying all public records to any person. Exceptions are provided to insure the confidentiality of certain types of sensitive public records.

Persons desiring to inspect or receive copies should complete a REQUEST FOR PUBLIC RECORDS form. Forms are available at the District Administration Center. In addition, forms may be requested and submitted in person or by mail to 2710 Curtiss Street, Downers Grove, Illinois 60515, or fax at (630) 969-0827, or email to foia@dgsd.org.

All requests must be received during normal business hours for the District Administration Center, Monday through Friday, excluding holidays, between the hours of 8:00 a.m. and 4:30 p.m. Requests submitted electronically after normal business hours, or on holidays, will be considered received by the District on the next business day

DENIAL OF REQUEST

Any person whose request to inspect or copy a public record is denied, may file a request for review with the Public Access Counselor established in the Office of the Attorney General not later than 60 days after the date of the final denial. The request for review must be in writing, signed by the requester, and include (i) a copy of the request for access to records and (ii) any response from the District. The address and phone number for the Public Access Counselor is:

Public Access Counselor, Office of the Illinois Attorney General
500 South 2nd Street, Springfield, Illinois 62706
877-299-FOIA (877-299-3642)
Fax: 217-782-1396 or 312-814-8876
publicaccess@atg.state.il.us

Any person whose request to inspect or copy a public record is denied shall also have a right to judicial review by the Circuit Court of DuPage County.