

**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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**PAGE 2**

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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:

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FOIA OFFICER: \_\_\_\_\_

DATE: \_\_\_\_\_