## DOWNERS GROVE SANITARY DISTRICT REQUEST FOR PUBLIC RECORDS

TO: FOIA OFFICER

27 <u>Pl</u> <u>F</u>	OWNERS GROVE SANITARY 710 CURTISS STREET, DOWN <u>HONE</u> : 630/969-0664 <u>AX</u> : 630/969-0827 MAIL: foia@dgsd.org					
	NAME: COMPANY: ADDRESS: CITY, STATE, ZIP: PHONE:			E-M <i>A</i>	AIL:	
	UBMITTED:					
	e as specifically as possible the re		ocument(s) so	ought. Include	dates if possible	e.)
Is request	t to be used for commercial purpo	ses?	Yes		No	
Please inc	dicate if you wish to inspect the a	bove record	s or would lil	ke a copy of th	e records, or bo	th.
I	nspection (free of charge)	(	<b>Copy</b> (*)		_ Both	
Do you w	vant the copies certified?	Yes*		No		
page there	will be charged for the first 50 pa eafter shall be \$.15 per page. For photographs, CD's DVD's, etc. v 51.00.	color copies	s of letter or le	egal sized docu	iments, and the	costs for copies
Note: Pag	yment of copying costs (when a	pplicable) 1	nust be recei	ived by the Di	strict before de	elivery of any
Downers	certify and affirm that the above i Grove Sanitary District procedur but not limited to, my rights to a	es for subm	itting request	s as set forth o		
		<u></u>	ionoture of D	a qua esta e		
		<b>S</b> 1	ignature of Re	equester		

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## PAGE 2

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Date received: Date response provided:		by:	
-	Yes	No	
Type of Extension: Statutory	Mutual	Due date after extension:_	
Type of Response: Approval PAC approved denial	Partial Approval	No Records	_ Denial
Notations regarding oral communication	s or other items:		
FOIA OFFICER:		DATE:	