DOWNERS GROVE SANITARY DISTRICT REQUEST FOR PUBLIC RECORDS

TO:	FOIA OFFICER				
	DOWNERS GROVE SANI	TARY DISTRICT			
	2710 CURTISS STREET, D		60515		
	PHONE: 630/969-0664		00010		
	FAX: 630/969-0827				
	EMAIL: foia@dgsd.org				
FROM:	NAME:				
	COMPANY:				
	ADDRESS:				
	CITY, STATE, ZIP:				
	PHONE:	FAX:		E-MAIL:	
DATE	SUBMITTED:				
DESCI	RIPTION OF REQUESTE	D RECORDS:			
(Descri	be as specifically as possible	e the record(s) or docume	ent(s) sought. In	nclude dates if possib	le.)
		1 0 1		ŊŢ	•
Is reque	est to be used for commercia	1 purposes?	Yes	No	
Please i	ndicate if you wish to inspe-	ct the above records or w	vould like a cop	y of the records, or b	oth.
			_	-	
	Inspection (free of charge)	Copy ((*)	Both	
D		T 7 de	•		
Do you	want the copies certified?	Y es*	No		
*No fee	e will be charged for the first	st 50 pages of black and	white, letter or	legal sized copies	The fee fo

*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 b	y:	
Date response provided:		-	
Extension Required?	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 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.