

OPTIONAL FORM

THORN CREEK BASIN SANITARY DISTRICT

**REQUEST FOR RECORDS UNDER THE FREEDOM OF INFORMATION ACT
5 ILCS 140**

Name _____
PLEASE PRINT OR TYPE

Address _____

City _____ State _____ Zip _____

Date of Request _____ Phone: _____ Fax: _____ Email: _____

Check box if applying for waiver or reduction of fee:
(LIST SPECIFIC PURPOSE OF REQUESTED FILES):

Check box if request is for commercial purposes:

Please describe below the public records you are requesting. In order to expedite the search for records, please be specific.

Please indicate if you wish to review material or require copies. There will be no charge for the first 50 pages of black and white copies on letterhead or legal size: Afterward, the basic charge of \$0.15 will apply. If color copies or other sized paper copies are requested, the fee shall not exceed the actual cost of reproduction.

Thorn Creek Basin Sanitary District will respond to this request within five (5) business days, starting day one after receipt of the request or 21 business days for commercial purposes.

Signature of person making the request

Please mail, e-mail or fax your request to:

Patricia McKinney
Thorn Creek Basin Sanitary District
700 West End Avenue
Chicago Heights, IL 60411
(708) 754-0525 (Telephone)
(708) 754-3940 (Fax)
E-mail: FOIA@thorncreekbasin.org

Office Use Only

Request Submitted Via:
FAX, MAIL, ELECTRONICALLY,
HAND DELIVERED, ORALLY

Date Receipt Stamp: _____

Response Due by: _____

Charge: \$ _____