

# 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:

Check box if request is for commercial purposes:

**(LIST SPECIFIC PURPOSE OF REQUESTED FEES):**

\_\_\_\_\_  
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 or fax your request to:**

Nora Rhein  
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](mailto:FOIA@thorncreekbasin.org)

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

Date Receipt Stamp: \_\_\_\_\_

Response Due by: \_\_\_\_\_

Charge: \$ \_\_\_\_\_