

**FREEDOM OF INFORMATION ACT
OPTIONAL REQUEST FORM**

Pursuant to the Illinois Freedom of Information Act (FOIA), we are hereby requesting specified information in the files of the Rock River Water Reclamation District.

REQUESTING PERSON/COMPANY INFORMATION (PLEASE PRINT LEGIBLY)

- A. Company: _____
- B. Person Completing This Form: _____
- C. Street Address: _____
- D. City/State/Zip: _____
- E. Phone Number: _____ Fax No. _____
- E. E-Mail Address (optional): _____

Is this request for commercial purposes? Yes No

Are you requesting a waiver or reduction of fees? Yes No

FOIA REQUEST - COMPANY INFORMATION, IF APPLICABLE

- A. Company Name: _____
- B. Property Code / Location, if applicable: _____

INFORMATION REQUESTED:

- A. Time Period Requested: From _____ To: _____
- B. Information Requested (please be specific, attach additional sheet(s) if necessary):

Signature of person making request

Please forward this information to the Rock River Water Reclamation at one of the following:

E-mail: web_foia@rrwr.dst.il.us
Fax: 815-387-7498
Mail: PO Box 7480 Rockford, IL 61126-7480

Office Use Only
Request submitted via: (circle one)
Fax Mail E-Mail Hand delivered

Date Received: _____

Response Due by: _____

Charge _____