

FORM 1
Freedom of Information Records Request Form

Return Completed Forms to:

Freedom of Information Officer
Algonquin-Lake in the Hills Fire Protection District
1020 West Algonquin Road
Lake in the Hills, IL 60156
Fax: (847) 854-2609 email: FOIA@alfpd.org

Contact Information: *(please print clearly)*

Name: _____

Company Name: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Email address: _____

Request for Records:

I hereby request the right to inspect, or to obtain copies or certified copies of the following public records of the District:

Inspect Copied Certified Emailed

Detailed description of record(s) requested: *Please note if waiver of fees is being requested and justification.*

Will the records disclosed in this request be used for commercial purposes? Yes No
It is in violation of this Act to knowingly obtain records for commercial purposes withhold disclosing your intent.

Signature of Requestor:

By signing this request, I acknowledge and represent that I have reviewed and understand the Algonquin-Lake in the Hills Fire Protection District Policy for Implementation of the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate.

Signature of Requestor

Date

District Use Only
Received by the Algonquin-Lake in the Hills Fire Protection District:

Date / Time: _____

District employee receiving request:

Name: _____

Date Response Due: _____

(5 business days after day of receipt, non-commercial requests only)

FORM 2
Freedom of Information Records Return Form

To be completed by District FOI Officer or alternate.

Action Taken:

- Complied with request
- Unable to comply within five (5) business days due to the following reason(s):
 - Requested Records have been supplied to the same person previously and no changes have been made since the last request.
 - Request is unduly burdensome and the request needs to be narrowed.
 - Requested records do not exist or not maintained by ALFPD.
 - There is a need for consultation prior to release of requested records.
- Partial Compliance:** Pursuant to the Illinois Freedom of Information Act 5ILCS140/8, certain material contained within the original request has been deleted or omitted because the material was found to be exempt as per state statute.
- Request Denied. Reason for denial:**
 - The request is too broad and compliance would disrupt the duly undertaken work of the District
 - The record(s) requested are specifically exempted under the following provision(s) of the Illinois Freedom of Information Act based upon the following factual basis:

Appeal: You have the right to appeal the denial of the records you have requested to the Public Access Counselor at Office of the Attorney General, 500 S. 2nd Street, Springfield, Illinois, 62706 or publicaccess@atg.state.il.us. In submitting your notice of appeal, you must include a copy of your original request and this denial, and state the reason why you feel your appeal should be granted.

Person responsible for collection of records:

Name & Title _____ Date: _____

Person responsible for decision to deny request:

Name & Title _____ Date: _____

Person completing this form:

Name & Title _____ Date: _____