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**FREEDOM OF INFORMATION REQUEST for DEKALB SANITARY DISTRICT**

Date of Request: \_\_\_\_\_

Request Submitted By: E-mail \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax \_\_\_\_\_ In Person \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/County Zip (required): \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_ Fax (Optional): \_\_\_\_\_

E-mail (Optional): \_\_\_\_\_

Records Requested: (Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this request for a Commercial Purpose? (Please check one.) YES \_\_\_\_\_ or NO \_\_\_\_\_

Please indicate if you wish to inspect the above-referenced records, wish a copy, or both (Please check one or more):

Inspection \_\_\_\_\_ Electronic Copy \_\_\_\_\_ Paper Copy \_\_\_\_\_

If you want Electronic Copies, in what format? \_\_\_\_\_

Are you requesting a fee waiver? (Please check one.) YES \_\_\_\_\_ or NO \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

There is no fee for the first 50 pages of each request. After 50 paper pages we will charge the actual cost of copying. (If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).