



Chillicothe Community Fire Protection District

217 W Chestnut, Chillicothe, IL 61523 • 309-274-3567

Freedom of Information Act Request

The Freedom of Information Act ensures people have access to public records. Other state or federal laws, such as the Privacy and Security Act, may take precedence over the Freedom of Information Act and may prevent access to all or part of the information you have requested. The FOIA requires a reply within five (5) working days, but in most cases this process will only take a day or two excluding weekends and holidays. Copies are free up to the first fifty pages. Each page after that is \$0.15. To assist a search pertaining to your request, please complete all information requested below.

Please print legibly.

Name _____

Street Address: _____

City/State/Zip: _____

Phone (home/work/cell): _____

Fire Report Number: _____ Date of Incident: _____

Type of Incident (fire, accident, etc.): _____

Location of Incident: _____

Persons involved in incident (include your name)

Name: _____

Address: _____

Name: _____

Address: _____

Please send the records via (circle): MAIL PICKUP

Email: _____

Freedom of Information Act Request (continued)

This information is requested for commercial purposes (please circle one): **YES** **NO**
Commercial purposes denote requesters seeking to use part or all of the public records for sale, resale, or solicitation or advertisement for sales or services.

Month, day, year and time records are requested: _____

Signature of individual making request: _____

I hereby verify that I received on the date so noted those records requested which are
Available for inspection under the Illinois Freedom of Information Act.

Signature: _____ Date: _____

For Official Use Only

Date received: _____ Date to return: _____

The records so requested have been reviewed and are appropriate for release under the guidelines of the Illinois Freedom of Information Act except for the following records:

Reason access was denied (list names and titles of all persons authorizing denial and specify exact section of the Illinois FOIA which applies:

Signature, title, and department of employee reviewing and presenting records:

_____ Date: _____

The records so requested were presented to such individual for inspection at:

_____ on the _____ day of _____, _____
Time Date Month Year