

South Lyons Township Sanitary District
475 West 55th Street
Suite 107
Countryside, IL 60525
708-354-7390 FAX: 708-354-0807

FREEDOM OF INFORMATION ACT REQUEST:

This is a request under the Freedom of Information Act. I request that a copy of the following documents [or documents containing the following information] be provided to me: (Identify the documents or information as specifically as possible)

In order to determine my status to assess fees, you should know that I am:

- A representative of the news media affiliated with _____ (newspaper (magazine, television station, etc), and this request is made as part of a news gathering and not for commercial use.
- Affiliated with an educational or non commercial scientific institution, and this request is made for a scholarly or scientific purpose and not for commercial use.
- An individual seeking information for personal use and not for commercial use
- Affiliated with a private corporation and am seeking information for use in the company's business.

Fee Provisions:

- I am willing to pay fees for this request up to a maximum of \$_____. If you Estimate that the fees will exceed this limit, please inform me first.
- I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest. (Include a specific explanation)

Thank you for your consideration of my request.

Name: _____

Address: _____

Phone(s): _____