

South Lyons Township Sanitary District
475 W.55ths Street Suite 101
Countryside, Illinois 60525

FREEDOM OF INFORMATION ACT, 5 ILCS 140/1 et seq., REQUEST FORM

Name: _____

Business: _____

Address: _____

Telephone Number: _____

If you are willing to have records sent electronically when possible, please provide an

E-mail Address: _____

Records Requested:

Check whether request to: ☐ Inspect ☐ Receive a Copy ☐ Receive Certified Copy

Is this request for a commercial purpose (the information requested will be used, in any form, for sale, resale, or solicitation or advertisement for sales or services)?

YES ☐

NO ☐

OFFICE USE ONLY

Date Received: _____

Response Due: Non-Commercial ~ 5 Business days after receipt: _____

Commercial ~ 21 Business days after receipt: _____

Employee/Department accepting request: _____

NWCDS' Response: Date of Response _____

Granted ☐

Denied ☐

Granted in Part/Denied in Part ☐

No Records ☐

Additional Time Requested: _____