

**LOCKPORT TOWNSHIP FIRE PROTECTION DISTRICT
FREEDOM OF INFORMATION ACT REQUEST**

Date Request Received _____

Requester's Name _____

Address _____

Telephone No. _____ Agency _____

Is this request for commercial purposes? _____

Records sought (be as specific as possible):

How do you want your copies: ___ Hard copies ___ Electronic ___ Just review

Your E-Mail address for electronic copies _____

The District will respond to or deny a request for Public records within five working days after its receipt. Up to 50 pages of black and white copies of documents will be provided to the requester at no charge, any additional copies will cost 15 cents per page.

(For office use only)

Date Request Expires _____
Date Complied _____
Were copies made? _____ If so, how many? _____
Denied and why? _____ _____
_____ FOIA Officer Signature