FREEDOM OF INFORMATION REQUEST FORM
Tri-District Ambulance,
ILLINOIS Freedom of Information
Act Officer 108 Main St
Rock City, Illinois 61070
Telephone: (815) 235-8252 Fax: (815) 235-8252
Website: www.tridistrictambulance.org

Requestor's Name (or business name, if applicable)	Date of Request	Phone number
Street Address	Certification requested: ☐ Yes ☐ No	
City State Zip		
Description of Records Requested: _____ _____ _____		

Tri-District Ambulance Response (Requestor does not fill in below this line)

APPROVED

( ) The documents requested are enclosed.
( ) The documents will be made available upon payment of copying costs $_____.
( ) You may inspect the records at _____ on the date of _____.

_____Signature of person receiving records

DENIED

( ) The request creates an undue burden on the public body (in accordance with 5ILCS 140/3 of the Freedom of Information Act), for the following reason(s): _____

( ) The materials requested are exempt under 5ILCS Exemptions 140/7 of the Freedom of Information Act for the following reason(s): _____ _____

Individual(s) that determined request to be denied: _____ _____.

( ) Request delayed, for the following reason(s) (in accordance with 5ILCS 140/3(d) of the FOIA): _____. You will be notified by the date of _____ as to the action taken on your request.

The information required by this form is MANDATORY in order to comply with 5 ILCS 140/1. Failure to so provide may result in this form not being processed.

FOIA Officer	Date of Reply

Print Form