

LISLE WOODRIDGE FIRE DISTRICT

FORM 2

**LISLE WOODRIDGE FIRE DISTRICT
FREEDOM OF INFORMATION ACT
APPROVAL FOR REQUEST FOR PUBLIC RECORDS**

DATE: _____

TO: _____

FROM:
Lisle Woodridge Fire District
1005 School Street
Lisle, Illinois 60532

NAME _____

ADDRESS _____

CITY STATE ZIP

(_____) _____
PHONE NUMBER

DESCRIPTION OF REQUESTED RECORDS:

Your request dated _____ for the above captioned records has been approved.

_____ The documents will be made available at the District Administrative Office on
(Date) _____ upon payment of copying costs in the amount of _____.

_____ You may inspect the records at _____

on _____
DATE

FOIA Officer or Designee

Date