

LISLE WOODRIDGE FIRE DISTRICT

FORM 4

**LISLE WOODRIDGE FIRE DISTRICT
FREEDOM OF INFORMATION ACT
PARTIAL APPROVAL OF 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 partially approved. Those parts of your request that have been approved:

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

_____ may be inspected at _____
_____ on _____.
DATE

The following portions of your request have been denied for the reasons cited:

LISLE WOODRIDGE FIRE DISTRICT

The individual(s) who were responsible for the denial are:

You have the right to appeal the denial of that portion of the records you have requested to the Public Access Counselor at Illinois Attorney General, 500 South 2nd Street, Springfield, Illinois 62706. In submitting your notice of appeal, you must include a copy of your original request and this partial denial, and state the reasons why you feel this appeal should be granted.

FOIA Officer or Designee

Date