

**Chatham Fire Protection District Form 1  
Freedom of Information Records Request Form**

Return Completed Forms to:

Freedom of Information Officer  
Chatham Fire Protection  
1 Firemans Square  
Chatham IL 62629  
Fax: (217) 483-4411 Email: [chathamfiredept@cf-d-il.com](mailto:chathamfiredept@cf-d-il.com)

Contact Information: *(please print clearly)*

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Request for Records:

I hereby request the right to inspect, or to obtain copies or certified copies of the following public records of the District:

- Inspect                       Copied                       Certified                       Emailed

Detailed description of record(s) requested: *Please note if waiver of fees is being requested and justification.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the records disclosed in this request be used for commercial purposes?  Yes       No  
It is in violation of this Act to knowingly obtain records for commercial purposes withhold disclosing your intent.

Signature of Requestor:

By signing this request, I acknowledge and represent that I have reviewed and understand the Chatham Fire Protection District Policy for Implementation of the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

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Received by the Chatham Fire Protection District:

*District Use Only*

Date / Time: \_\_\_\_\_

District employee receiving request:

Name: \_\_\_\_\_

Date Response Due: \_\_\_\_\_

(5 business days after day of receipt, non-commercial requests only)

**Chatham Fire Protection District Form 2  
Freedom of Information Records Return Form**

*To be completed by District FOI Officer or alternate.*

Action Taken:

- Complied with request
- Unable to comply within five (5) business days due to the following reason(s):
  - Requested Records have been supplied to the same person previously and no changes have been made since the last request.
  - Request is unduly burdensome and the request needs to be narrowed.
  - Requested records do not exist or not maintained by OFPD.
  - There is a need for consultation prior to release of requested records.
- Partial Compliance:** Pursuant to the Illinois Freedom of Information Act 5ILCS140/8, certain material contained within the original request has been deleted or omitted because the material was found to be exempt as per state statute.
- Request Denied. Reason for denial:**
  - The request is too broad and compliance would disrupt the duly undertaken work of the District
  - The record(s) requested are specifically exempted under the following provision(s) of the Illinois Freedom of Information Act based upon the following factual basis:  

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Appeal: You have the right to appeal the denial of the records you have requested to the Public Access Counselor at Office of the Attorney General, 500 S. 2<sup>nd</sup> Street, Springfield, Illinois, 62706 or [publicaccess@atg.state.il.us](mailto:publicaccess@atg.state.il.us). In submitting your notice of appeal, you must include a copy of your original request and this denial, and state the reason why you feel your appeal should be granted.

Person responsible for collection of records:

Name & Title \_\_\_\_\_ Date: \_\_\_\_\_

Person responsible for decision to deny request:

Name & Title \_\_\_\_\_ Date: \_\_\_\_\_

Person completing this form:

Name & Title \_\_\_\_\_ Date: \_\_\_\_\_