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1301 Sycamore Road, DeKalb, Illinois 60115-0624

Telephone: (815) 758-3513

Email: mail@kishwrd.com

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FREEDOM OF INFORMATION REQUEST for KISHWAUKEE WATER RECLAMATION DISTRICT

Date of Request: _____

Request Submitted By: E-mail _____ U.S. Mail _____ Fax _____ In Person _____

Name of Requester: _____

Street Address: _____

City/State/County Zip (required): _____

Telephone (Optional): _____ Fax (Optional): _____

E-mail (Optional): _____

Records Requested: (Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.)

Is this request for a Commercial Purpose? (Please check one.) YES _____ or NO _____

Please indicate if you wish to inspect the above-referenced records, wish a copy, or both (Please check one or more):

Inspection _____ Electronic Copy _____ Paper Copy _____

If you want Electronic Copies, in what format? _____

Are you requesting a fee waiver? (Please check one.) YES _____ or NO _____

There is no fee for the first 50 pages of each request. After 50 paper pages we will charge the actual cost of copying. (If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).