

**FORM 2**

**FREEDOM OF INFORMATION ACT REQUEST**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE \_\_\_\_\_

LIST SPECIFICALLY THE DOCUMENTS REQUESTED

PLEASE INDICATE IF YOU WISH TO INSPECT THE ABOVE MENTIONED RECORDS OR YOU ARE REQUESTING A COPY OF THEM. FEE FOR COPIES: \$10.00 / REPORT (FEE MAY VARY DEPENDING ON DOCUMENT TYPE)

INSPECT \_\_\_\_\_ COPY \_\_\_\_\_  
BOTH \_\_\_\_\_

SIGNATURE OF REQUESTER \_\_\_\_\_

STAFF MEMBER RECEIVING REQUEST \_\_\_\_\_

7<sup>TH</sup> WORKING DATE FROM ABOVE DATE \_\_\_\_\_

\_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

COMMENTS:

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF FOIA OFFICER  
NORTH PALOS FIRE PROTECTION DISTRICT