

FREEDOM OF INFORMATION REQUEST

TO: FOX RIVER WATER RECLAMATION DISTRICT ATTN: EXECUTIVE DIRECTOR P.O. BOX 328 ELGIN, IL 60121			
DESCRIPTION OF REQUESTED D	OCUMENTS:		
Please indicate if you wish to inspect *See	the above captioned docum FOIA Policy Statement	ents or wish a copy of them:	
Inspection	Copy (*fee)	_Both	
SIGNATURE OF REQUESTOR FOR OFFICE USE ONLY		ATE	
RECEIVED	DATE RESPO	DATE ONSE DUE (5 Business Days)	
Documents made available	How many?	Yes No	
Notes:			
SIGNATURE:		DATE:	