

**FREEDOM OF INFORMATION ACT  
OPTIONAL REQUEST FORM**

Pursuant to the Illinois Freedom of Information Act (FOIA), we are hereby requesting specified information in the files of the Four Rivers Sanitation Authority.

***REQUESTING PERSON/COMPANY INFORMATION (PLEASE PRINT LEGIBLY)***

- A. Company: \_\_\_\_\_
- B. Person Completing This Form: \_\_\_\_\_
- C. Street Address: \_\_\_\_\_
- D. City/State/Zip: \_\_\_\_\_
- E. Phone Number: \_\_\_\_\_ Fax No. \_\_\_\_\_
- E. E-Mail Address (optional): \_\_\_\_\_

**Is this request for commercial purposes?**                      Yes                       No

**Are you requesting a waiver or reduction of fees?**                      Yes                       No

***FOIA REQUEST - COMPANY INFORMATION, IF APPLICABLE***

- A. Company Name: \_\_\_\_\_
- B. Property Code / Location, if applicable: \_\_\_\_\_

***INFORMATION REQUESTED:***

- A. Time Period Requested: From \_\_\_\_\_ To: \_\_\_\_\_
- B. Information Requested (please be specific, attach additional sheet(s) if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person making request

Please forward this information to the Four Rivers Sanitation Authority at one of the following:

E-mail: [web\\_foia@fourrivers.illinois.gov](mailto:web_foia@fourrivers.illinois.gov)  
Fax: 815-387-7498  
Mail: PO Box 7480 Rockford, IL 61126-7480

***Office Use Only***  
*Request submitted via: (circle one)*  
Fax    Mail    E-Mail    Hand delivered

*Date Received:* \_\_\_\_\_

*Response Due by:* \_\_\_\_\_

*Charge* \_\_\_\_\_