

**FREEDOM OF INFORMATION ACT (FOIA)  
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/ORGANIZATION INFORMATION (PLEASE PRINT LEGIBLY)**

- A. ORGANIZATION: \_\_\_\_\_
- B. NAME: \_\_\_\_\_
- C. STREET ADDRESS: \_\_\_\_\_
- D. CITY/STATE/ZIP: \_\_\_\_\_
- E. PHONE: \_\_\_\_\_
- F. E-MAIL ADDRESS: \_\_\_\_\_

Is this request for commercial purposes?      YES    ☐      NO    ☐

Are you requesting a waiver or reduction of fees?      YES    ☐      NO    ☐

**INFORMATION REQUESTED**

- A. ORGANIZATION NAME: \_\_\_\_\_
- B. PROPERTY CODE/LOCATION: \_\_\_\_\_
- C. TIME PERIOD:      FROM \_\_\_\_\_ TO \_\_\_\_\_
- D. INFORMATION REQUESTED (Please be specific. Attach additional pages, if necessary.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please submit this information to Four Rivers Sanitation Authority via one of the following methods:

E-Mail: [web.foia@fourrivers.illinois.gov](mailto:web.foia@fourrivers.illinois.gov)

U.S. Mail or Hand-Delivery:      Four Rivers Sanitation Authority, 3501 Kishwaukee St., Rockford, IL 61109

**Office Use Only**

Request submitted via: web    e-mail    U.S. Mail    Hand-delivered    Date Received: \_\_\_\_\_ Response Due By \_\_\_\_\_ Fee \_\_\_\_\_