



GLENBROOK SANITARY DISTRICT

PO BOX 504
Waukegan, IL 60079
Phone: 847-604-8280
Email: info@gsd.illinois.gov

OFFICIAL FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

(Request pursuant to the Illinois Freedom of Information Act, 5 ILCS 140)

Today's Date: _____

For Commercial Use: Yes No

Information is requested from:

Subject (e.g., permits, expenditures, board records):

Property Address (if applicable):

Description of Information Requested

(Please describe the records requested and include date ranges if applicable.)

REQUESTER INFORMATION

Your Name: _____

Signature: _____

Home Address: _____

Email Address: _____

Best Available Contact Phone Number:

(____) _____ - _____

Information Requested For:

- Viewing
 - Copies (Electronic)
 - Copies (Paper)
-

FOIA NOTICE

Under the Illinois Freedom of Information Act, the Glenbrook Sanitary District is required to respond to this request within the timeframes established by law. Certain records may be exempt from disclosure pursuant to applicable state or federal statutes.

If this request is for a commercial purpose, that purpose must be disclosed as required by law.

FOIA SUBMITTAL

Please return completed form to: Glenbrook Sanitary District, PO Box 504, Waukegan, IL 60079
Or via email to: info@gsd.illinois.gov.

General Provisions of the Freedom of Information Act Section 5 ILCS 140/3 from Ch. 116, par. 203 Sec. 3d: Each public body shall, promptly, either comply with or deny a request for public records within 5 business days after its receipt of the request, unless the time for response is properly extended under subsection (e) of this Section.

DISTRICT USE ONLY

FOIA Request Received By:

Request Forwarded To:

Department:

Date Received: _____

Due Date: _____

Date Completed: _____

Disposition:

Granted

Partially Granted

Denied

Records Not Found

Notes:

FOIA Officer Signature: _____

Date: _____