

Records regarding performance of emergency medical services are not subject to disclosure under the Freedom of Information Act. Disclosure of such records is governed by the disclosure procedures found in 735 ILCS 5/8-802.

**ADDISON FIRE PROTECTION DISTRICT
FREEDOM OF INFORMATION ACT
WRITTEN REQUEST FOR RECORDS**

FORM 1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Dear Deputy Fire Chief (or designee):

(I), (We), are hereby requesting that (I) (We)

_____ Inspect the following records at the Addison Fire Protection District's Administrative Office.

_____ Receive copies of the following records from the Addison Fire Protection District.

(Please be specific in listing records.)

_____ Will the records received or requested or the information derived thereof be used in any form of sale, resale, or solicitation or advertisement for sales or services?

_____ Yes

_____ No

I understand that if I request that the records be copied, I may be charged a fee due in full before the copies are made.

Signature(s) of Requester(s)

Date of Request

(For office use only)

Date Request Received: _____ Date Response Due: _____

Signature: _____ Print Name: _____

Transaction # _____