



# FREEDOM OF INFORMATION ACT REQUEST FORM

## BENSENVILLE FIRE PROTECTION DISTRICT No. 2

500 S. York Rd.  
Bensenville, IL 60106  
(630) 350-3441  
(630) 350-3421 FAX  
[www.bensenvillefpd.org](http://www.bensenvillefpd.org)

Date: \_\_\_\_\_  
Requestor's Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### RECORDS SOUGHT:

Printed records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor's Signature

\_\_\_\_\_

Return completed FOIA Request Form to: Bensenville Fire Protection District No. 2, 500 S York Rd., Bensenville, IL 60106; fax to 630-350-3421; or email to [foiarequest@bensenvillefpd.org](mailto:foiarequest@bensenvillefpd.org)

### (FOR DEPARTMENT USE ONLY)

#### RESPONSE:

Records made available:

Date:

\_\_\_\_\_

Request denied, and reason:

\_\_\_\_\_

\_\_\_\_\_

Copies made:

Yes

Number

\_\_\_\_\_

Fee Paid \$

\_\_\_\_\_

Other (attach correspondence):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp Receipt