



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

Date: _____

Requestor's Name: _____

Company: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

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

(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