

1900 Heather Glen Dr. New Lenox, IL 60451 Phone: 815-320-3500

Website: www.lwsra.org

Request for Public Records under the Freedom of Information Act

Tai	LWSRA Attn: FOIA Officer 1900 Heather Glen Dr. New Lenox, IL 60451 815-320-3500 foia@lwsra.org	DO	DO NOT WRITE IN THIS SPACE		
To:		Date receive	ed by LWSRA:		
		Response de	-		
		Date Respon	_		
		•			
		Response p	·ovided by:		
I here	eby request to 🔲 inspect	copy* the follo	wing records	::	
(Pleas	se describe requested records as spec	ifically as possible, attach	additional she	eet if needed.)	
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charg	e is no copying fee for the first 50 blo led \$0.15 per page. Actual cost will be cording medium (e.g., compact disk, ta	charged for copies of doc	uments not of		
Is thi	s request for a commercial purpose	ə?	Yes	□ No	
Are y	ou requesting a waiver or reductio	n of copying fees?	Yes**	☐ No	
**If y	es, what is the purpose of this requ	est?			
,					
Reque	ester's (Printed) Name	Requeste	Requester's Signature		
Addre	ess				
Email Address		Phone Nu	Phone Number		