

Wood River Drainage & Levee District
REQUEST FOR PUBLIC RECORDS

TO: Catrenia Roach, Freedom of Information (FOI) Officer
543 W. Madison Ave, Wood River, IL 62095
Telephone: (618) 254-7481 Fax: (618) 254-7482

FROM: _____
NAME

ADDRESS

TELEPHONE NUMBER FAX NUMBER

1. Are you representing another person, firm or corporation in making this request? Yes ____ No ____ If yes, please provide the name and address for that person, firm or corporation.

2. Phone number where you can be reached during business hours: _____

3. State and describe, as specifically as possible, the information you are requesting.

4. Please indicate below if you prefer to inspect the records at the WRDL office, prefer a paper copy of the records or prefer the records in an electronic format.

____ Review in Office ____ Provide with Paper Copy ____ Provide Electronic Files

Please note: There is no fee for the first 50 black and white, letter or legal sized copies. Each additional copy is \$0.15 per sheet. Copies in color or in a size other than letter or legal size, or any costs associated with the transfer of electronic files will be charged at WRDL's actual cost for reproducing the records.

5. Do you wish to have copies certified? _____

Click **SUBMIT**
Page will be Emailed To
Appropriate WRDL

NOTE: When **SUBMIT** button is clicked, your email client should open with this form attached ready for you to send.

If **SUBMIT** button is clicked and it appears nothing has happened, then you are using an unsupported browser/pdf viewer. Google Chrome is not currently supported for using the "SUBMIT" button on this form. Therefore, please perform the following: **SAVE** the filled-in form to your computer and **email as an Attachment** to: wrlevee@sbcglobal.net

FOR OFFICE USE ONLY

Date Received _____ **Date Response Due** _____

Notations regarding oral communications or other items:
