



WOOD RIVER DRAINAGE AND LEVEE DISTRICT
OF
MADISON COUNTY, ILLINOIS
543 W. MADISON AVENUE
WOOD RIVER, ILLINOIS 62095

REQUEST FOR PUBLIC RECORDS

Name: _____

Address: _____

Telephone: _____ Fax: _____

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. Is this request being made for a commercial purpose? Yes ___ No ___

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

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

5. Please indicate below if you prefer to inspect the records at the Wood River Drainage and Levee District 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 research or duplication on the first 100 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, any costs associated with the research, or transfer of electronic files will be charged at WRDLD's actual cost for reproducing the records. The current search and review fees are determined by the salary level of the employee performing the initial search and review.

Accounting/Office Research: \$25.00 per hour
Operations Research: \$50.00 per hour

6. You may make a specific statement in your request limiting the amount of fees you are willing to pay. If you do not state a specific fee limit, we will assume that you are willing to pay all fees incurred while processing your request. We will notify you if your fees exceed the limit. You may receive the opportunity to narrow your request to reduce the fees, or you may be asked to confirm your commitment to pay the estimated amount.

7. Please mail form to: **Brianne England – Freedom of Information Act (FOIA) Compliance Officer**
543 W. Madison Avenue
Wood River, IL 62095

Or via email to: bengland@wrldd.org



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FOR OFFICE USE ONLY

Date Request Received: _____ Date Response Due: _____

Notations regarding oral communications or other items: _____