Estal	P     WADISON COUNTY, ILLINOIS       State     543 W. MADISON AVENUE       WOOD RIVER, ILLINOIS 62095		
	REQUEST FOR PUBLIC RECORDS Name:		
	Address:		
	Telephone: Email:		
1.	Are you representing another person, firm, or corporation in making this request? Yes If yes, please provide the name and address for that person, firm, or corporation.	No	
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 Electron	ic Files	
	Please note: There is no fee for research or duplication on the first 50 black and white, letter or legal sized cop \$0.15 per sheet. Copies in color or in a size other than letter or legal size, any costs associated with the researc will be charged at WRDLD's actual cost for reproducing the records. The current search and review fees for all \$10.00 per hour.	h, or transfer of electronic files	
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@wrdld.org		
FOR OFFICE USE ONLY			
Date Request Received: Date Response Due:			
Notations regarding oral communications or other items:			