

SPRING GROVE FIRE PROTECTION DISTRICT

8214 Richardson Rd. Spring Grove, IL 60081

Phone: 815-675-2450 | Fax: 815-675-6284 | www.springgrovefire.com

FREEDOM OF INFORMATION REQUEST

Person or Agency Request	ing Information:		
(NAME/AGENCY)			
(ADDRESS, CITY, STATE, ZI	P)		
(EMAIL)			
(FAX)			_
Information Being Request	ed:		
Purpose of Request:			
Please indicate how you w	vould like to receive these records:		
☐ Mail	☐ Email	☐ Fax	
Pursuant to the Freedom o	f Information Laws, I hereby request	a copy of the information listed	above.
Signature of Requestor:		D	ate signed:
District Representative Filling Request:		D	rate signed:
Fee (if applicable):			