

FIRE DEPARTMENT

501 N. Walnut St. Olney, Illinois 62450 Ph. 618-392-6341 Fax 618-392-0356 http://www.olneyfd.com olneyfd@cityofolney.com

REQUEST FOR INFORMATION

Date of Request:	
Specific Record Being Requested:	
For Inspection Only: Yes [] No []	Copy of Record Requested: Yes [] No []
Means of Delivery: Mail [] Fax [] Email []
fees will be the cost of purchasing the recording m mailed via certified mail at my expense at a cost of also understand that all fees must be prepaid. Con	opies are 15¢ per page after the first 50 pages, audio/electronic redium, and if copies are to be mailed to me, the copies must be of approximately \$6.96 plus any additional postage required. I mmercial requesters will be charged \$10.00 for each hour aftering a requested record, or examining the record for necessary redactions.
Requested By:	
Name	Signature
Mailing Address:	
City:	State: Zip code:
Phone: ()	Fax: ()
501 N. Walnut Street, Olney, IL 62450	o the Olney Fire Department, Attn. FOIA Request, O. This form may also be faxed to (618) 392-0356. FICE USE ONLY
Date/Time Received:	
Received By: Mail [] Telephone [] Fax []	
Commercial Request: Yes [] No []	
Fee(s): No Charge [] Cost to Provide Copy §	Fee Receipt #
Date Record Provided:	
	1
Place, Time and Date Record Available for Insp	pection:
If request is DENIED, date written statement of	explaining denial provided: