PUBLIC RECORDS EXAMINATION REQUEST FILED THROUGH THE ILLINOIS FREEDOM OF INFORMATION ACT

Instructions: Please forward to Kristine Knapp, Freedom of Information Officer, Winnebago County Forest Preserve District, 5500 Northrock Drive, Rockford, IL 61103. The form may also be faxed to 815-877-6124. Retain a copy of this request for your files. The District's response will be forthcoming within five (5) business days after the date of receipt of the request. If your request is denied, a reply will be sent within five (5) business days after the date of receipt of the request.

Records Requested: Provide as much specific detail as possible so we can identify the information you are seeking. Please

print or type.			
Name of person making request:			
Organization, Business Affiliation, Agency			
Mailing Address			
Phone Number	Fa	ax Number	
E-mail (optional):			
 I will examine the records at the Districted telephone, of the availability of records of the request. Upon such notification, are Monday through Friday, from 8:00 I would like the records reproduced and of reproduction, delivery and certificated charge for the first 50 pages of black & color or oversized copies, the actual color of the colo	s for my examina I will call 815-87 AM to 4:30 PM. d copies sent to ration of copies in white, letter or last of reproducing the photocopies. A ES or NO (please rking days after in a public recon	ation within five (5) business day 17-6100 to schedule an appointment of the copies are also as a schedule and appointment of the copies are also as a schedule and appointment of the copies are also as a schedule and appointment of the records will be charged. An additional charge of \$1.00 per a circle) The District will respond to receipt of the request. (It is a red for a commercial purpose with	ys after the date of the receipt ent. The hours of examination y mail, the amount of the cost being delivered. There is no bies are 15 cents per page. For document applies. It to a request for records to be violation of the Freedom of
		Signature	Date
Schedule of Fees # of Copies Price Per Unit Total Photocopies \$.15 (over 50 pages) Color/Oversized Other mediums		# of Copies Price Per Unit Certification Postage Other TOTAL	\$1.00
Please make check payable to: Winnebago Co	ounty Forest Pro	eserve District	
Received by:			
Signature	Date	Request Number	
Freedom of Information Officer	Date		