

BYRON FIRE PROTECTION DISTRICT

FORM 2

**BYRON FIRE PROTECTION DISTRICT
FREEDOM OF INFORMATION ACT
APPROVAL FOR REQUEST FOR PUBLIC RECORDS**

DATE: _____

TO: _____

NAME _____

ADDRESS _____

CITY STATE ZIP _____

(____) _____
PHONE NUMBER

FROM:

Byron Fire Protection District
123 N. Franklin Street
Byron, Illinois 61010

DESCRIPTION OF REQUESTED RECORDS:

Your request dated _____ for the above captioned records has been approved.

_____ The documents will be made available at the District Administrative Office
on (Date) _____ upon payment of copying costs in the
amount of _____.

_____ You may inspect the records at _____

on _____
DATE

Fire Chief or Designee

Date