

BYRON FIRE PROTECTION DISTRICT

FORM 4

**BYRON FIRE PROTECTION DISTRICT
FREEDOM OF INFORMATION ACT
PARTIAL APPROVAL OF 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 partially approved. Those parts of your request that have been approved:

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

_____ may be inspected at _____
_____ on _____
DATE

The following portions of your request have been denied for the reasons cited:

BYRON FIRE PROTECTION DISTRICT

The individual(s) who were responsible for the denial are:

You have the right to appeal the denial of that portion of the records you have requested to the Public Access Counselor at Illinois Attorney General, 100 West Randolph Street, Chicago, Illinois. In submitting your notice of appeal, you must include a copy of your original request and this partial denial, and state the reasons why you feel this appeal should be granted.

Fire Chief or Designee

Date