



LINCOLNWAY SPECIAL RECREATION ASSOCIATION

FREEDOM OF INFORMATION ACT (FOIA) Request for Information

Send to: Lincolnway Special Recreation Association
1900 Heather Glen Dr.
New Lenox, IL 60451

OR

Email: support@lwsra.org

Requested by:

Name: _____

Address: _____

City/State/Zip: _____

Phone: (Daytime) _____ (Evening) _____

Information Requested (*describe record(s) precisely*): _____

Information received by: _____ **Date:** _____

Cost per copy (page): Free for the first 50 black and white copies, \$0.15 per copy thereafter.

Copy cost in the amount of \$ _____ **Paid in full: Yes** _____ **No** _____

For office use only

Requests must be in writing but don't need to be on this form.
Immediately forward to FOIA officer or designee.

Request taken by: _____ Date: _____

Last date to give information (maximum of 5 full days after request is received): _____

Information given by: _____ Date: _____

Additional time requested by: _____ Date: _____

Notification made to requestor for additional time? _____