

Freedom of Information Act Request Form

Office of Lost Lake Utility District



Date _____

Requestor's Name _____

Company _____

Address _____

City, State, Zip _____

Phone Number _____

Requestor's Email Address _____

FOIA Officer
406 Lake Court
Dixon, IL 61021
815-652-3494
beth.caudill@llud.org

RECORDS SOUGHT: List records requested below. Please be specific.

Requestor's Signature _____

Return completed FOIA Request Form to: Lost Lake Utility District, FOIA Officer, 406 Lake Court, Dixon, IL 61021;
or email to beth.caudill@llud.org.

(FOR DEPARTMENT USE ONLY)

RESPONSE:

Records made available: Date _____

Request denied & reason: _____

Copies made: Yes No

Number _____ Media Exemption (SEAL)

Fee paid \$ _____

Other (attach correspondence):

FOIA Officer Signature _____