

**Sheridan Community Fire Protection District**  
**Kurtis Tirevold, Fire Chief**

P.O.Box 508  
405 N Bushnell  
Sheridan, Illinois 60551  
Non-emergency phone (815)496-2296  
Fax (815)496-3401

Email: sheridanfireprotect@frontier.com

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**Re: Freedom of Information Act Request**

To: SHERIDAN COMMUNITY FIRE PROTECTION DISTRICT:

This is a request under the Freedom of Information Act.

I request that a copy of the following documents, or documents containing the following information, be provided to me, *[must identify the documents or information as specifically as possible]*:

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In order to help to determine my status to assess fees, I am, *(Initial a suitable description of the requester, the purpose of the request, and the acknowledgment of fees)*.

\_\_\_ A representative of the news media affiliated with \_\_\_\_\_  
(newspaper, magazine, television station, etc.), and this request is made as part of news gathering and not for a commercial use.

\_\_\_ Affiliated with an educational or noncommercial scientific institution, and this request is made for a scholarly or scientific purpose and not for a commercial use.

\_\_\_ An individual seeking information for personal use and not for a commercial use.

\_\_\_ Affiliated with a private corporation and am seeking information for use in the company's business.

\_\_\_ I am willing to pay fees for this request up to a maximum of \$ \_\_\_\_\_. If you estimate that the fees will exceed this limit, please inform me first.

\_\_\_ I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of

the operations or activities of the government and is not primarily in my commercial interest.  
*[Include a specific explanation.]*

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Thank you for your consideration of this request.

Sincerely,

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_