

Optional FOIA Form
Urbana & Champaign Sanitary District

Name: _____
PLEASE PRINT OR TYPE

Address: _____

City, State, Zip: _____

Date of Request: _____ Phone: _____ Fax: _____

Email: _____

Check box if applying for a waiver or reduction of fees: *(Must list specific purpose of requested files.)*

Check box if request is for commercial purposes.

Describe below the public records you are requesting. In order to expedite the search for records, please be specific.

Please indicate if you: Wish to review materials only Require copies

There will be no charge for the first 50 pages of black and white copies on letter or legal sized paper. Additional letter or legal sized pages will cost \$0.15 per page. If color copies or other sized paper copies are requested, the fee shall not exceed the actual cost of reproduction.

The Urbana & Champaign Sanitary District will respond to this request within 5 business days or within 21 business days for commercial purposes. The 1st business day is one day after receipt of the request. *Please note that UCSD is not required to honor orally submitted requests for inspection or copying.*

Signature of person making the request

Please mail, e-mail, or fax your request to:

FOIA Officer
Urbana & Champaign Sanitary District
P.O. Box 669
Urbana, IL 61803-0669
Fax: (217) 367-2603
Email: info@u-csd.com

Office Use Only

Request submitted via: (circle one)

Fax Mail E-mail Hand delivered

Date Received: _____

Response Due by: _____

Charge: _____