



**GLENBARD WASTEWATER AUTHORITY  
REQUEST FOR RECORDS DISCLOSURE**

Date of Request: \_\_\_\_\_

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

Organization/Company: \_\_\_\_\_

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

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

Daytime Contact Number: \_\_\_\_\_

Optional email: \_\_\_\_\_

Fax: \_\_\_\_\_

Is this a Commercial Request? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you request certification of the records? Yes \_\_\_\_\_ No \_\_\_\_\_

Records Requested (*Please be Specific*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Submit Request:

Email            glendabarker@gbww.org  
Fax                630.858.8119

For GWA Office Use Only

Reference # \_\_\_\_\_

Date Request Received: \_\_\_\_\_ Time Request Received: \_\_\_\_\_ AM/PM

Signature of Employee Receiving Request: \_\_\_\_\_

Forwarded to: \_\_\_\_\_ GWA FOIA Officer    \_\_\_\_\_ Department FOIA Officer

Department Response Due Date: \_\_\_\_\_