

**WARRENVILLE PARK DISTRICT
REQUEST FOR RECORDS IN ACCORDANCE
WITH THE FREEDOM OF INFORMATION ACT**

I am requesting to: Copy ____ Inspect ____ Certified ____ **the following public records:**

Requested by: Name: _____
Address: _____
City/ State/ Zip: _____
Phone: _____ Fax (Optional): _____
E-mail Address (Optional): _____

INFORMATION REQUESTED: (Please be specific): _____

Will this material be used for commercial purposes? YES or NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES or NO

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6/(c)).

Do you want copies of the documents? YES or NO

Do you want Electronic Copies or Paper Copies? _____

If you want Electronic Copies, in what format? _____

The first fifty (50) pages of black and white, letter or legal sized copies will be at no charge to the requestor. The charge after the first fifty (50) copies will be .10 cents per page. If the Park District provides copies in color or in a size other than letter or legal, the Park District will charge for its actual cost for reproducing the records. Certification of documents is an additional \$ 1.00 per document.

A response to your request will be made within five (5) working days of the receipt of this request. If request for records to be used for a commercial purpose the District shall respond within twenty-one (21) days after the receipt of such request.

Please return with a copy of this request on: _____

Information Received:

Date: _____

BY: _____
Print Name

Signature

Number of Photocopies: _____

Total Cost: _____

Photocopying Fees: _____

Paid in Full: _____

Certified Fees: _____

Form of Payment: _____

For Office Use Only:

Request Taken By: _____ Date: _____ Time: _____

Information Given By: _____ Date: _____ Time: _____

Additional time requested by: _____ Date: _____ Time: _____

Denial Sent by _____ Date: _____ Time: _____

Given to/ Sent to: _____ Date: _____ Time: _____

Authorized by: Executive Director: _____

Board Secretary: _____