

Rolling Meadows Park District
Freedom of Information Act
Request Form

REQUESTOR INFORMATION: *Indicate if you are requesting copies or inspection of records by circling one.*

Name: _____ Address: _____

Telephone: _____ Email address: _____

Records Requested: **Provide as much specific detail as possible so the Park District can identify the information that you are seeking.*

Date Requested: _____ Signature: _____

By signing this request you agree to pay the Rolling Meadows Park District, in advance of receiving copies of any public records the following copy fees: \$0.15 each for paper, non color 8 ½ x 11 or 8 ½ x 14 pages in excess of fifty pages. If color copies, non standard size pages, non paper media must be purchased to satisfy the request or the services of an outside vendor are required to copy any public record, you agree to pay the Park District the actual charge incurred in connection with such copying services. By signing this request you certify under penalty of perjury that information provided by you is true and accurate.

Request Submitted By: _____ E-mail _____ U.S. mail _____ Fax _____ In Person

Is this request for a 'commercial purpose' as defined in the Freedom of Information Act? 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 disclosure; 5 ILCS 140.3.1(c). You must indicate YES or NO or your request is incomplete).*

OFFICE USE

Due Date: _____ Completion/delivery date: _____

Delivery Method: fax / email.pdf / USPS mail / pick up /circle other: _____

Copies of the following records were provided to the individual making the request: _____

Extension date and reason: _____

Denied date and reason for not providing records: _____

Paper Copy Cost: _____ (*if over 50 paper copies*) Payment method: _____

Electronic Copy Cost: _____ Payment method: _____

Inspection date and time: _____

FOIA Officer and title: _____

03/12/18

CPK