

Rolling Meadows Park District
Freedom of Information Act
Request Form

REQUESTOR INFORMATION:

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: _____

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

Is this request for a Commercial Purpose? 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; 5 ILCS 140.3.1(c)).*

OFFICE USE

Due Date: _____ Extension Date and Reason: _____

Reason for not providing records: _____

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

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

Electronic Copy Cost: _____ Payment method: _____

FOIA Officer and title: _____

06/04/14
CPK