



**WILMETTE PARK DISTRICT  
FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_  
FOIA Officer (or his or her designee)

Comply By: \_\_\_\_\_  
Five (5) Business Days

Requester Name: \_\_\_\_\_ Day Telephone: \_\_\_\_\_

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

Records Requested: (Please refer to catalogue)

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

I request: (Please Check)

To inspect these records.

Copies of the following records: \_\_\_\_\_

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

(If requesting copies of all records listed above, state "all".) I agree to pay the following copying charges:

- (a) Black and white, letter or legal size copies: There is no charge for providing the initial 50 pages, after which the cost will be \$.15 per page.
- (b) Color or Irregular Sized Copies: The fee for color or irregular sized copies shall be the actual cost incurred by the Park District for reproducing the records.
- (c) Certification of document: The fee for certification of a document shall be \$1.00.
- (d) Records in Electronic Format: The fee charged for producing records in an electronic format shall be the actual cost incurred by the Park District for purchasing the recording medium.

Certified copies of the following records: \_\_\_\_\_

I agree to pay \$1.00 for each document certified, independent of charge for copying.

\_\_\_\_\_  
Signature of Requester

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(FOR PARK DISTRICT OFFICE USE ONLY)

Date Complied with: \_\_\_\_\_ No. of copies made: \_\_\_\_\_

Time taken to fill: \_\_\_\_\_ Cost: \_\_\_\_\_

Reason for extension (if applicable): \_\_\_\_\_

\_\_\_\_\_

FOIA Officer: \_\_\_\_\_, Wilmette Park District  
(or his or her designee)

**WILMETTE PARK DISTRICT  
FREEDOM OF INFORMATION ACT (FOIA) (5 ILCS 140)  
OFFICERS**

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