

**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.
- e) To inspect these records.

☐ Certified copies of the following records: _____

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

Signature of Requester

(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**FOIA Officer #1**

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