

PHOENIX PARK DISTRICT

155th STREET & 9th AVENUE PO BOX 1555 PHOENIX, IL 60426 Phone (708)339-8443

REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

ILO WE DAN : I BRUU	
Requestor's Name:	Date:
Address:	
City/State/Zip:	
Phone:	
Сору	public records to: [CHECK APPROPRIATE BOX or BOXES] Inspect □ Certify □ se describe the information/record you are requesting. Please use as much detail as possible):
"Commercial purpose" means the use of any pa for sale, resale, or solicitation or advertisement	rcial purposes? Yes No art of a public record or records, or information derived from public record, in any form for sales or service. It is a violation of the Freedom of Information Act for a person to cial purpose without disclosing that it is for the commercial purpose.
	Signature of Requestor
	are free one side. The charge will be \$0.15 per copy (each side) is an additional \$2.00 (per certified page). Computer records (\$0.75/CD;
A response to your request will be made	e within seven (7) working days of the receipt of this request.
INFORMATION RECEIVED: Date:	
By: Print Name	Signature
Number of Photocopies:	Total Cost:
Photocopying Fees: Certified Fees:	Form of Payment:
Please mail back to address ab	oove or email to foia@phoenixparkdistrict.com
	For Office Use Only
Request taken:	For Office Use Only Time:
Information sixon by	Date: Time:
Additional time requested by:	
	Date: Time:
Given to / Sent to:	Date: Time: