

ARLINGTON HEIGHTS PARK DISTRICT
REQUEST FOR PUBLIC RECORDS

Submit Request to:

FOIA Officer
Arlington Heights Park District
410 N. Arlington Heights Road
Arlington Heights, IL 60004
Fax: 847-577-3050
E-mail: foiarequest@ahpd.org

| |
|---------------------|
| FOR OFFICE USE ONLY |
| Date Rec'd _____ |
| Date Due _____ |

Name of Requester _____ Signature _____

Street Address _____ City/State/Zip _____

Telephone _____ Fax (optional) _____

E-mail (optional) _____

Description of requested record(s): *(Please be specific. Additional pages may be attached, if necessary)*

Is this request for a commercial purpose? _____ YES _____ 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 140.31(c)

Do you want to receive copies of the documents? _____ YES _____ NO

Do you want the copies certified? _____ YES _____ NO

Do you want to review the documents? _____ YES _____ NO

If you would like to receive copies of the documents, would you like paper or electronic copies?

_____ Paper _____ Electronic

If you would like electronic copies, please indicate the format in which you would like to receive them.

(The Arlington Heights Park District will provide documents in the format requested, if feasible)

Are you requesting a fee waiver? _____ YES _____ NO

(If you are requesting a waiver of fees for copying the documents, you must attach a statement of the purpose and whether the principal purpose is to access or disseminate information regarding the health, safety, and welfare or legal rights of the general public. 5 ILCS 140/6(c).)