

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**  
**E-mail: foiarequests@ahpd.org**

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

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

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

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

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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).)*