



20 South Prospect Avenue
Park Ridge, IL 60068-4188

FREEDOM OF INFORMATION REQUEST

Name: _____ Date: _____

Address: _____

Signature: _____

Telephone: Home _____ Work _____

E-Mail Address: _____

Is this information to be used for commercial purposes? Yes _____ No _____

★ Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.

Records requested:

Please indicate if you wish to inspect the above captioned records or wish a copy of them:

____ Inspection ____ Copy ____ Both

Do you wish to have copies certified? _____

Charges:

Certifying a document: \$1.00

Copying:

from the black and white copy machine = \$0.15/page, after the first 50 pages, letter or legal sized

Oversized = actual cost

Color copies = actual cost

***** OFFICE USE *****

Date Received

Date Response Due (if no extension)

Fee: _____ Date Request filled: _____

Explain: _____

Request filled by: _____