

**REQUEST FOR PUBLIC RECORDS  
UNDER THE FREEDOM OF INFORMATION ACT**

**FROM:**  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**TO:**  
Freedom of Information Officer  
Village of Palos Park  
8999 West 123<sup>rd</sup> Street  
Palos Park, Illinois 60464

DESCRIPTION OF REQUESTED PUBLIC RECORD(S): \_\_\_\_\_  
\_\_\_\_\_

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

Inspection \_\_\_\_\_ Copy \_\_\_\_\_ : paper \_\_\_\_\_ or electronic \_\_\_\_\_

**Charges:** Certifying a document: \$1.00  
Copying: From the copy machine - \$.15 per page after the first 50 pages  
for black and white, letter or legal sized  
Oversized copies: actual cost  
Color copies: actual cost

Do you wish to have the copies certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this information to be used for a commercial purpose? 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.

This request is being made in accordance with the provisions of the Freedom of Information Act, and the undersigned agrees to abide by the requirements of that Act, and to pay all applicable charges involved with the copying of the public records including postage costs.

\_\_\_\_\_  
SIGNATURE

FOR OFFICE USE ONLY

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Response Due

Received by: \_\_\_\_\_

Notations: \_\_\_\_\_  
\_\_\_\_\_