BARRINGTON COUNTRYSIDE PARK DISTRICT

P.O. BOX 1393

BARRINGTON, ILLINOIS 60011

REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

I am requesting to: □ Copy □ Inspect □ Certify
[CHECK APPROPRIATE BOX] **. . . the following public records:**

INFORMATION REQUESTED *(Please be specific):*

_____

_____

Requested By:
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Will this material be used for commercial purposes? Yes _____ No _____

The charge will be _____ cents per copy (each side). Certification of documents is an additional $ _____ (per certified document).

A response to your request will be made within seven (7) working days of the receipt of this request. Please return with a copy of this request on _____ .

INFORMATION RECEIVED:

By: _____ Date: _____
Print Name

_____
Signature

Number of Photocopies: _____ Total Cost: _____
Photocopying Fees: _____ Paid in Full: _____
Certified Fees: _____ Form of Payment: _____

For Office Use Only

Request Taken: _____ Date: _____ Time: _____
Information give by: _____ Date: _____ Time: _____
Additional time requested by: _____ Date: _____ Time: _____
Denial Sent by: _____ Date: _____ Time: _____
Given to / Sent to: _____ Date: _____ Time: _____
Authorized by: Director _____
Board Secretary _____