



Freedom of Information Request Form

Submit requests to: FOIA Officer, Wildwood Park District, 33325 N. Sears Blvd., Wildwood, IL 60030
Fax: 847-223-2820 **Email:** info@wildwoodparkdistrict.com **Phone:** 847-223-7275

Requester's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Information Requested: _____

Please indicate your preference:

- I will examine the records at the administrative office. Upon notification of the availability of records, please call 847-223-7275 to schedule an appointment. Hours of examination are Monday through Friday 9:30am until 4:00pm.
- I would like copies of the records sent to me at the above address. Fees will be \$.15 per page after the first 50 pages for standard black and white copies. Charges for copies that need to be professionally printed shall not exceed the Park District's actual cost for reproduction.
- If available, I would like documents sent in electronic format to the email address listed above. Extensive records that require CD formatting may be charged a fee.

Is this request for a commercial purpose: _____ Yes _____ No

Signature: _____

Date: _____

Note: Under the Illinois Freedom of Information Act the Park District has 5 business days to respond to this request. In certain circumstances specified in the Act, the Act permits the FOIA officer to extend the time for a response by no more than 5 additional business days or such additional time as the person making the request and the FOIA officer shall agree.

<p>Park District Use Only</p> <p>Date request was received: _____ Date response is due: _____ Date response was provided: _____</p> <p>Information received by: _____ Information processed by: _____</p> <p>Notes: _____</p> <p>_____</p>
