



University Park
REQUEST FOR RECORDS
UNDER THE FREEDOM OF INFORMATION ACT (FOIA)

Requestor's Information (Please Print)

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME: _____ OFFICE: _____ CELL: _____

EMAIL ADDRESS: _____ FAX: _____

Please describe below the public records you are requesting. (To expedite the search for records, please be specific.)

Please indicate if you wish to review material or require copies. Copy Inspect
 Photocopies are 15¢ per page after first 50 pages. Certification is \$1 per document.

University Park will respond to this request within five (5) business days. [If request requires an extension, five (5) additional business days will be requested and will be sent to you in writing.]

 (Signature of person making the request.)

Mail or Fax to: University Park Village Hall, 698 Burnham Dr., University Park, IL 60484 FAX: 708-534-3430

(FOR OFFICE USE ONLY)

The FOIA Act guarantees a response within five (5) business days. If a response requires an extension, please advise.

RESPONSE TO THIS REQUEST **MUST** BE MADE BY: (Date) _____

Forward the original and a copy to the Clerk's Office (DJ/SS/KK - please circle two)

~~----- To Be Completed By the Clerk's Office -----~~

Response from the following is requested by:

<input type="checkbox"/> Village Manager _____	<input type="checkbox"/> Fire Dept. _____
<input type="checkbox"/> Police Dept. _____	<input type="checkbox"/> Code Enforcement _____
<input type="checkbox"/> IT Dept. _____	<input type="checkbox"/> Parks & Rec. Dept. _____
<input type="checkbox"/> Public Works _____	<input type="checkbox"/> Cable Studio _____
<input type="checkbox"/> Finance Dept. _____	<input type="checkbox"/> Golf Club _____
<input type="checkbox"/> Mayor/Board Office _____	<input type="checkbox"/> _____