CLARENDON HILLS PARK DISTRICT REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

I am requesting to Copy Inspect [CHECK APPROPRIATE BOX] Certify the following public records: INFORMATION REQUESTED (Please be specific):			
			Requested By: Name: Address:
City/State/Zip: Phone: Will this material be used for commerci			
The charge will be cents per copy (additional \$ (per certified documents) A response to your request will be made withis request. Please return with a copy of the copy of th	ument). vithin five (5) working days	of the receipt of	
INFORMATION RECEIVED: Date:			
By: Print Name	Si	Signature	
Number of Photocopies: Photocopying Fees: Certified Fees:	Paid in Full:	Total Cost: Paid in Full: Form of Payment:	
For Off	fice Use Only		
Request taken:	Date:		
Information given by:	Date:	Time:	
Additional time requested by:		Time:	
Denial sent by: Given to / Sent to:		Time:	
Authorized by: Director:		Time:	
Poord Socretory:			