

Illinois Freedom of Information Act (FOIA) Request Form

1. Complete the following fields. P	Please print.		
Full Name:		_ Today's Date:	//
Address:		2	
Street Phone:		State	Zip
2. Pursuant to 5 ILCS 140/1 et sec record(s) from the Champaign Par	-	on Act," I request th	ne following public
• • •	 Inspect the documen Receive copies of the 		ative Office
Note: There is no charge for the first 50 pages of bleach additional page 5/LCS 140/6(b). There is no classical distribution of the second sec		gal sized copies. There is a $\$$	\$0.15 charge for
4. I would prefer to receive the requested documents: (circle one)			
Mail Fax Pick	-up Inspect (at the	e Administrative Offic	e)
5. The purpose of this request is for	or (check one): 🔲 Perso	onal Use 🛛 🗌 Co	ommercial Purpose
It is a violation of the Freedom of Information purpose without disclosing that it is for a c 140/3.1(c). If you are requesting that the p statement of the purpose of the request, a disseminate information regarding the heat 140/6(c)).	commercial purpose, if request public body waive any fees for and whether the principal purp	ted to do so by the publ r copying the documents pose of the request is to	lic body. 5 ILCS s, you must attach a o access or
Important:			
 The Champaign Park District has five (5) business by the Park District pursuant to 5 ILCS 140/3(d) an Some records are exempt from disclosure pursua requests. The Champaign Park District does not we Please retain a copy of this request for your files, 	nd (e). ant to 5 ILCS 140/7 and 7.5 or under raive such exceptions as exemptions	r certain circumstances, sucl s.	h as unduly burdensome
Requestor's Signature:			
For Office Use Only Receiving FOIA Agent: Request received: Response period expires: Notes:	(date/time) (date	e/time)	