

**REQUEST FOR RECORDS IN ACCORDANCE WITH THE
FREEDOM OF INFORMATION ACT**



Name and Address of Public Body Receiving Request: Harrisburg Township Park District
921 W. Poplar St.
Harrisburg, IL 62946
E-mail: office@harrisburgpark.net

Date Requested: _____

Request Submitted By: _____ E-mail _____ U.S. Mail _____ Fax _____ In Person

Name of Requester: _____

Street Address: _____

City / State / County Zip (required): _____

Telephone (Optional): _____ Fax (Optional): _____

E-mail (Optional): _____

I am requesting the following public records to: Inspect Only Inspect and Receive Copies
 Receive Copies Only Receive Certified Copies

Records Requested: (Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.)

If you want Copies: Electronic or Paper If Electronic, what format? _____

Cost of Copies: Letter Page – one sided (First 50 Pages Free) – Above 50 pages \$0.15/page charge
Certified Copy - \$2.00/page charge
Electronic Records (Free if E-mailed) – Otherwise cost of USB Drive

Is this request for Commercial Purposes? YES or NO

“Commercial Purpose” means the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services. (It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES or NO

You are permitted to ask for a waiver of copying fees. To do so, please include the following statement (or a similar statement) in your written FOIA request: “I request a waiver of all fees associated with this request.” In addition, you must include a specific explanation as to why your request for information is in the public interest (not simply your personal interest) and merits a fee waiver. (Per 5 ILCS 140/6(c)).

** Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

For Office Use Only:

Date Request Received: _____ Request Response Sent Yes No
See Harrisburg Township Park District FOIA Request Response Form for details regarding response.
