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
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Response from the following is requested by:
□ Village Manager___________________________ □ Fire Dept. ________________________________
□ Police Dept. _____________________________ □ Code Enforcement _________________________
□ IT Dept. ________________________________ □ Parks & Rec. Dept. _________________________
□ Public Works ___________________________ □ Cable Studio ____________________________
□ Finance Dept. __________________________ □ Golf Club ______________________________
□ Mayor/Board Office______________________ □ ________________________________

January 19, 2010