



Freedom of Information Request Form

Submit requests to: FOIA Officer, Buffalo Grove Park District, 530 Bernard Drive, Buffalo Grove, IL 60089
Fax: 847.459.5741
E-mail: info@bgparks.org

Requester's Name _____ Signature _____

Street Address _____ City/State/Zip _____

Telephone* _____ Fax* _____ Email Address* _____

*Optional, but if you provide this information, we can more easily contact you if we have questions about your request.

Records Requested

Please provide as much specific detail as possible, so that we can identify the information you are seeking. Attach additional pages if necessary.

Delivery Format (How do you want the documents provided?)

_____ Via email to the email address listed above in PDF format
_____ Via fax to the fax number listed above _____ Sent via U.S. Mail
_____ Inspect at the Park District office _____ Other (please specify): _____

Note: Under the Illinois Freedom of Information Act, except for a request for a commercial purpose, the Park District has 5 business days to respond to this request. The Act allows the Park District to charge for the costs of reproduction. At the present time, the charge is 15 cents per hard copy for every page over 50 pages, prepared in-house. Charges for copies that need to be professionally printed shall not exceed the park district's actual costs for reproduction.

Is this request for a commercial purpose? _____ Yes _____ No

(It is a violation of Sec. 3.1 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.)

Are you requesting a fee waiver? _____ Yes _____ No

(If yes, you must attach a statement of purpose of the request and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public.)

Park District Use Only

Date request was received: _____ Date response is due: _____

Date response was provided: _____

_____ Approved _____ Denied Denial exemption _____

Date Extension Requested: _____ Date Extension Granted: _____

Date Now Due: _____ Fee Waiver Granted: _____ Yes _____ No

Name of FOIA Officer _____