

River Trails Park District FOIA REQUEST FORM

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.

Name of Public Body Receiving Request:				
Address of Public Body Receiving Request:				
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 (O	ptional):		
E-mail (Optional):				
Records Requested: *Provide as much specific of mation that you are seeking. You may attach addition			ic body can i	dentify the infor-
Do you want copies of the documents? YE Do you want Electronic Copies or Paper (If you want Electronic Copies, in what for	Copies?	or	NO _	
Is this request for a Commercial Purpose? YI (It is a violation of the Freedom of Information Act for commercial purpose without disclosing that it is for a public body. 5 ILCS 140.3.1(c)).	or a person to			
Are you requesting a fee waiver? YE (If you are requesting that the public body waive any statement of the purpose of the request, and whether disseminate information regarding the health, safety 5 ILCS 140/6(c)).	y fees for cop er the principa	al purpose of th	e request is t	o access or

River Trails Park District; 401 E. Camp McDonald Rd IL 60070. Executive Director, Bfahnstrom@rtpd.org 847.788.0551