

CANTON PARK DISTRICT
250 South Avenue D
Canton, IL 61520
FOIA REQUEST

Note to Requester: Retain a copy of this request for your files.

Date Requested: _____

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

Requested By:

Name: _____

Address: _____

City/State/Zip: _____ (REQUIRED)

Phone: _____ (OPTIONAL)

E-mail: _____ (REQUIRED FOR ELECTRONIC RESPONSES)

RECORDS REQUESTED ***Please 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.*

Do you want copies of the documents? **YES** **NO**

--Do you want Electronic Copies or Paper Copies? _____

--If you want Electronic Copies, in what format? _____

Will this material be used for commercial purposes? **Yes** _____ **No** _____

(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** **NO**

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the 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. 5 ILCS 140/6(c))

(FOR OFFICE USE ONLY)

DATE REQUEST RECEIVED: ____/____/____

TIME REQUEST RECEIVED: ____:____ AM PM

EMPLOYEE RECEIVING REQUEST: _____