

Date Received _____
Due Date _____
No. _____
FOIA Officer _____
Initials _____

City of Palos Hills
10335 S. Roberts Road
Palos Hills, IL. 60465
Phone (708) 598-3400 – Fax (708) 598-2475

FREEDOM OF INFORMATION ACT (FOIA) REQUEST

Your Name: _____ Date: _____

Name of Business (if applicable): _____

Address: _____

Phone Number: (Home) _____ (Business) _____

Email: _____ Fax: _____

Describe in detail below the public record (s) you are requesting:

Please check your preference: Copy of record (s) _____ Inspect record (s) only _____

This request is being submitted for commercial purpose. I understand that the City must produce this request within a reasonable period (up to 21 business days) considering the size and complexity of the request. **Any attempt to procure a public record for a commercial purpose without disclosing that the use is for a commercial purpose constitutes a violation of the Act warranting a fine.**

Copying Cost: Fifteen (15) cents per page will be charged for more than 50 letter sized copies. Any color and over-sized copies will be an additional charge as well as any additional costs incurred by the City to obtain information requested.

If the fees will exceed this limit, please inform me first: Yes or No.

The City of Palos Hills will respond to the above request within five (5) working days unless an extension of time is requested or is for commercial purposes.

Signature of person making request

Office Use:

Routing of Request: Administration _____ Building Dept. _____
Planning/Zoning _____ Police Dept. _____
Public Works _____ Other: _____

Date of Compliance: _____ Date of Denial: _____
(Request for Extension attached if applicable) (Reason for Denial attached)

Signature _____ Title _____