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________________________