

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): \_\_\_\_\_

Your Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Home/Cell) \_\_\_\_\_ (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 \_\_\_\_\_

**SELECT ONE:** (  ) PICK UP MY REQUEST (  ) MAIL REQUEST (  ) E-MAIL REQUEST (  ) FAX REQUEST

(  ) 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\_\_\_\_\_
Planning/Zoning\_\_\_\_\_
Public Works\_\_\_\_\_

Building Dept.\_\_\_\_\_
Police Dept.\_\_\_\_\_
Other:\_\_\_\_\_

Date of Compliance:\_\_\_\_\_
(Request for Extension attached if applicable)

Date of Denial:\_\_\_\_\_
(Reason for Denial attached)

Signature\_\_\_\_\_

Title\_\_\_\_\_