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__________  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__________________________