



City of Park City

3355 Belvidere Road Park City, Illinois 60085 Telephone: (847)623-5030 Fax: (847)662-0119

Steve Pannell
Mayor

FREEDOM OF INFORMATION ACT REQUEST FORM

Requester's Name: _____

Date Request Received: _____

Address: _____

Request Number: _____

Request Received by: _____

Telephone No: _____

Title: _____

Records sought (be as specific as possible):

Signature of Requestor

**The agency will respond to or deny a request for
public records within five (5) business working days after its receipt.**

(For Office Use Only)

Date Response Due: _____

Date Response Made: _____

Copies Made: _____ How Many: _____

Cost: _____ (first 50 copies free)

Time taken to fill request, hours: _____

Extension date for response: _____
(Date)

Extension Notice Sent : _____
Attach copy (Date)

Denied (Attach Denial Response): _____
(Date)

Signature of FOIA Officer