

To: Executive Director
Vernon Hills Park District
635 N. Aspen Drive
Vernon Hills, IL 60061

I. Request for Records

I hereby request the right to inspect or to obtain copies of the following public records of the District:

Records Requested:

Inspect_____

Copies_____

II. Agreement to Pay Fees

A. Unless a waiver is requested and approved pursuant to Paragraph B of this Section, I agree to pay the following fees for all public records copied at my request:

- | | | |
|----|---------------------|---------------------------------------|
| 1. | Copies - 8 1/2 x11" | No Charge for first 50/\$0.15 over 50 |
| 2. | Copies - Oversize | Actual Charge to Reproduce |
| 3. | Certification | \$0.50 per page/document |

I further acknowledge and agree that, if the services of an outside vendor are required to copy any public record, including tape recordings, I shall pay the actual charge that the Park District incurs in connection with such copying services, notwithstanding the fees stated above.

B. I request a waiver of the fees set forth in Paragraph A of this Section, and, in support of such request, I do hereby state that the principal purpose of my request is:

Signature of Requestor

III. Identification of Requestor

A. Printed name of Requestor: _____

B. Address for Responses, Decisions, and Communications:

C. Telephone Numbers of Requestor:

Daytime: _____ Evening: _____

D. Email Address of Requestor: _____

IV. Signature of Requestor

By signing this Request, I acknowledge and represent that I have reviewed and understood the Vernon Hills Park District's Guidelines for Compliance with the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate.

Signature of Requestor

Date

FOR PARK DISTRICT USE ONLY

Received by Vernon Hills Park District, Lake County, Illinois

Date: _____ Time: _____

Method of Delivery: _____ Personal Delivery during Business Hours
_____ Personal Delivery after Business Hours
_____ Mail Delivery during Business Hours
_____ Mail Delivery after Business Hours

District employee receiving request:

Name: _____ Title: _____

Signature: _____

Park District employee responsible for compiling response:

Name: _____

Title: _____

Response Submitted: _____

Method: _____

Date: _____ Time: _____