DARIEN PARK DISTRICT
REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

I am requesting to ____Copy _____Inspect (check one) the following public records:

INFORMATION REQUESTED (Please be specific):

_____

_____

_____

REQUESTED BY:

Name:_____

Address:_____

City/State/Zip:_____

Phone:_____Fax:_____

Email:_____

Signature of Requestor:_____

A response to your request will be made within five (5) working days of the receipt of this request.

OFFICE USE ONLY - Response (attach correspondence if necessary)

Request Received By:_____ **Date:**_____

Records made available for viewing ☐ **Request Denied** ☐

Copies Made? Yes ☐ **No** ☐ **How Many?**_____ **Fee**_____

Signature_____

Title_____

Date_____

Requestor Notified ☐ **In Person** ☐ **Mail** ☐ **Telephone** ☐ **Email**

Comments: