



# 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):

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**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: \_\_\_\_\_

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