



Lisle Park District
1825 Short St.
Lisle, IL 60532
Phone: (630) 964-3410 Fax: (630) 964-7448

REQUEST FOR PUBLIC RECORDS

Requestor's Name (Please Print)

Date of Request _____

Address

I wish to: **Inspect Only** **Receive Copy** **Both**
(circle one)

City State Zip

Is this request for a Commercial Purpose?
Yes **No** (circle one)

(_____) _____
Home Phone Number

(_____) _____
Work Phone Number

X _____
Requesters Signature

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5ILCS 140.3 (c)).

Description of Requested Records:

Your request has been approved _____

_____ Page @ .15 ea (after 50). _____

Your request has been denied _____
(Please see attached letter of explanation)

Total Paid _____

Date of Response _____

There is no charge to inspect the records

Name _____

Requestor Notified _____

I have received and/or inspected the public records I requested

X _____
Your Signature

Date