FREEDOM OF INFORMATION REQUEST FORM

Submit Reque	st to:			
	Kathy Kotrba – FOIA C Salt Creek Rural Park I 530 S. Williams Avenue	District		
	Palatine, IL 60074		Salt Creek Ru	ural Park District
	Fax: 847-259-9975			
	E-mail: <u>kkotrba@saltcr</u>	eekpd.com		
Name of Requ	ester		Signature	
Company/Org	anization			
Street Address	s			
City		Sta	ate	Zip
Telephone	lephone Fax (optional)			
E-mail (option	al)			
Date of Reque	st:	(Af	ter 3:00pm, please	use tomorrow's date.)
Description o	f requested record(s): (Ple	ase be specific. A	dditional pages m	ay be attached, if necessary)
Is this request It is a violation commercial pu	for a commercial purpose? n of the Freedom of Informa urpose without disclosing th o receive copies of the docu	YES ttion Act for a per at it is for a comm	NO son to knowingly nercial purpose. 5) obtain a public record for a ILCS 140.31(c)
	he copies certified?			
	o review the documents?			
If you would l	ike to receive copies of the	documents, would	l you like paper or	electronic copies?
Pa	aperElectron	nic		
If you would l	ike electronic copies, please	e indicate the form	nat in which you w	ould like to receive them.
(The Salt Cree	k Rural Park District will p	rovide documents	in the format req	uested, if feasible)
Are you reque	sting a fee waiver?	YES	NO	
purpose and w	uesting a waiver of fees for whether the principal purpos lfare or legal rights of the g	e is to access or a	lisseminate inform	