

**BARRINGTON HILLS PARK DISTRICT**

P.O. BOX 1393 BARRINGTON, ILLINOIS 60011

**REQUEST FOR RECORDS IN ACCORDANCE  
WITH THE FREEDOM OF INFORMATION ACT**

I am requesting to:  Copy       Inspect       Certify  
[CHECK APPROPRIATE BOX] ... the following public records:

**INFORMATION REQUESTED (Please be specific):**

\_\_\_\_\_

**Requested By:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Will this material be used for commercial purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

The charge will be \_\_\_\_\_ cents per copy (each side). Certification of documents is an additional \$ \_\_\_\_\_ (per certified document).

A response to your request will be made within seven (7) working days of the receipt of this request. Please return with a copy of this request on \_\_\_\_\_.

**INFORMATION RECEIVED:**

By: \_\_\_\_\_  
Print Name

Date: \_\_\_\_\_  
\_\_\_\_\_

Signature

Number of Photocopies: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Photocopying Fees: \_\_\_\_\_

Paid in Full: \_\_\_\_\_

Certified Fees: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

***For Office Use Only***

Request Taken: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Information give by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional time requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial Sent by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Given to / Sent to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized by: Director \_\_\_\_\_

Board Secretary \_\_\_\_\_