



**Freedom of Information Document Request**

Submit request to: FOIA Officer  
Wheeling Park District  
333 W. Dundee Road  
Wheeling, IL 60090  
Fax (847) 537-3481  
Email: info@wheelingparkdistrict.com

Date of request: \_\_\_\_\_

Requester's name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone (optional): \_\_\_\_\_ Fax (optional): \_\_\_\_\_  
Email (optional): \_\_\_\_\_

I am requesting to inspect  receive copies of  the following public records:  
*(Provide as much specific detail as possible to help identify the information that you are seeking.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are requesting copies, please select: paper  electronic (if available)

Is this request for a commercial purpose? Yes  No  *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 it is requested to do so by the public body per 5 ILCS 140.3.1(c).*

After the first 50 black and white or legal size copies, the charge will be \$.15 per copy (each side). For color or abnormal size copies, the actual costs for copying will be charged. *If you are requesting a waiver of any fees for copying the documents, you must attach a statement of the purpose of the request and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public per 5 ILCS 140/6(c).* Are you requesting a copying fee waiver? Yes  No

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**For Office Use Only**

Request received via: mail  fax  email  in person  Date \_\_\_\_\_ Time \_\_\_\_\_

Staff member receiving request: \_\_\_\_\_

Date response due: \_\_\_\_\_

Release/denial authorized by: \_\_\_\_\_

Number of copies made: \_\_\_\_\_ Fee for copies: \_\_\_\_\_ Amount paid: \_\_\_\_\_