



An IAPD/IPRA Distinguished Agency

F.O.I.A. Freedom of Information Request Form

Date of Request: _____

Name: _____

Address: _____

Daytime Phone Number: _____

Description of Request (Be Specific)

Please indicate if you wish to inspect the above mentioned records or wish a copy of them.
Inspect _____ Copy _____ Both _____ Certified Copies _____

Office Use Only:
Original Form to FOIA Officer (2 Copies) 1 Copy to Requestor 1 Copy to Bookkeeper with Payment

Staff Initial _____ Date: _____

Notations:

Return the form to:
Jason Herbster, Executive Director
Crystal Lake Park District
Administrative Office
One E Crystal Lake Avenue
Crystal Lake, IL 60014

Requestor Sign Below to Receive Documents

Requestor's Signature

Pick Up Date