

FREEDOM OF INFORMATION REQUEST

ROSEMONT PARK DISTRICT

6140 N SCOTT ST.

ROSEMONT, IL 60018

TX: 847-823-6685 / FAX: 847-823-5798

KSTEPHENS@ROSEMONTPARKDISTRICT.COM / CAMARILLOO@RSMT.NET

REQUESTERS NAME: _____

ADDRESS: _____

TX: (____) _____ FAX: (____) _____

EMAIL ADDRESS: _____

RECORDS SOUGHT (BE AS SPECIFIC AS POSSIBLE): _____

DATE(S) OF RECORDS SOUGHT (IF KNOWN): _____

PARK DISTRICT ORDINANCE/RESOLUTION NUMBER SOUGHT (IF KNOWN) _____

SIGNATURE OF REQUESTER: _____

THE ROSEMONT PARK DISTRICT WILL APPROVE OR DENY REQUESTS FOR RECORDS WITHIN FIVE (5) WORKING DAYS AFTER ITS RECEIPT.

THIS SECTION FOR VILLAGE USE ONLY

DATE REQUEST IS RECEIVED: _____

REQUEST APPROVED _____ REQUEST DENIED _____

COPIES MADE: _____ COST: _____

TIME TAKEN TO FILL REQUEST: _____ COST: _____

TOTAL CHARGES TO REQUESTER: \$ _____

REMARKS: _____

REASON FOR DENIAL, IF DENIED: _____

DATE OF ACTION ON REQUEST: _____

AUTHORIZED OFFICIAL SIGNATURE: _____

