



**Forest Preserve District of Will County
Request for Public Records
Illinois Freedom of Information Act
(FOIA - 5 ILCS 140)**

Date of Request: _____

Name of Requestor: _____

Street Address: _____

City, State, and ZIP: _____

Phone Number: _____

E-mail: _____

Organization, if applicable: _____

Signature: _____

Please describe the records you are requesting. Be very specific, including the types of records, names, addresses, dates, etc. Attach additional sheet(s) if necessary.

Is this request for a commercial purpose? Yes No

Please select your preferred method of access to the records.

- Inspection at the Administration Center *(No fee applies.)*
- Paper Copy *(There is no charge for the first 50 pages of black and white, letter or legal sized copies. Additional copies are 15 cents per page. For color or oversized copies, the actual cost of reproducing the records will be charged. Records which must be custom copied by an outside service are available at the cost of reproduction.)*

Number of Copies: _____

Delivery Method: Pick up at the Administration Center Mail Fax

Certification: Yes No *(The cost for certifying a record shall be \$1.00 per document.)*

- E-mail Containing Document in PDF Form *(No fee applies.)*
- Compact Disc Containing Document in PDF Form *(Fee of \$0.78 per Compact Disc.)*

Submit both pages of this form to:
Forest Preserve District of Will County
Sugar Creek Administration Center
17540 W. Laraway Road
Joliet, Illinois 60433
Fax: 815.722.3608

The Forest Preserve District's Freedom of Information Officers are:

Lisa Nevins, 815.722.8917, lnevins@fpdwc.org
Cindy Cain, 815.722.5370, ccain@fpdwc.org
Meredith Clavenna, 815.722.9387, mclavenna@fpdwc.org

FOR OFFICE USE ONLY

Date Received: _____

Five Business Days: _____ Ten Business Days: _____

Date of Access/Delivery: _____

The records were accessed/delivered via: Inspection Pick-up Mail Fax

Copies (if requested) were provided via: Paper Copy Compact Disc E-mail

If records were not accessed/delivered, the reason was: _____

Payment Required: Yes No

Amount of Payment: _____

Date Payment Received: _____

Freedom of Information Officer Signature: _____

Notes: