



CITY OF PARK RIDGE

505 BUTLER PLACE
PARK RIDGE, IL 60068
TEL: 847/ 318-5200
FAX: 847/ 318-5300
TDD:847/ 318-5252
URL:http://www.parkridge.us

FREEDOM OF INFORMATION REQUEST

Email to cpeterso@parkridge.us

Name _____ Date _____

Address _____

Signature - _____

Telephone – Home _____ Work _____

E-Mail Address- _____

Is this information to be used for commercial purposes? Yes _____ No _____
Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.

Records requested:

Please indicate if you wish to inspect the above captioned records or wish a copy of them:

_____ Inspection _____ Copy _____ Both
Do you wish to have copies certified? _____

Charges:
Certifying a document \$1.00
Copying: From the copy machine - (.15 per page, after the first 50 pages for black and white,
letter or legal sized)
Oversized: actual cost Color copies: actual cost

***** OFFICE USE *****

_____ Date Received _____ Date Response Due (if no extension)

_____ Date Response Due (if extension)
Fee _____ Date Request filled _____

Explain _____

Request filled by _____