



**REQUEST FOR RECORDS IN ACCORDANCE WITH THE
FREEDOM OF INFORMATION ACT**

Requestor's Name	Date
Address	Telephone Number
City	ZIP Code

I am requesting the following public records to:

- Inspect only Inspect and receive copies
 Receive copies only Receive certified copies

Please describe the information/records you are requesting. Please use as much detail as possible.

I hereby certify that my request is is not for a commercial purpose. (Please check one)

"Commercial purpose" means the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services. 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.

Signature of Requestor

A response will be made within seven (7) business days of the receipt of this request.

Cost of Copies:

Letter page, one side (first 50 pages free) ----- \$0.15/page
Certified copy charge ----- \$2.00/page
Computer records ----- \$0.75/CD; \$1.00/DVD

Please return to Bresnan Meeting Center or email to: foia.officer@champaignparks.org

(For office use only)

Date request received: _____ **Department:** _____

Records made available: Date: _____ Fee: _____

Request denied Explanation: _____
