

Freedom of Information Request

Wauconda Park District

The Wauconda Park District, incorporated in 1959, is a local taxing body whose primary mission purpose is enriching the lives of Wauconda residents by providing quality recreational and leisure time opportunities through our parks, programs, and services

Requests for Information:

Requests for Information and Public Records under the Freedom of Information Act are to be submitted in writing to the FOIA Officer at the Wauconda Park District Administrative Office, 600 N. Main Street, Wauconda, Illinois 60084. The request must specify whether the intended use of the information is for commercial purposes, whether you would like to inspect the records or request that copies be provided and whether any copies need to be certified. Please be as specific as possible in your description of the information being requested so that the appropriate information can be provided efficiently and cost effectively.

Freedom of Information Act (FOIA) Officer: Tim Staton, Executive Director (primary); Cindy Babicz, Director of Recreation (secondary)

Fees for providing copies of requested information:

- No fees shall be charged for the first 50 pages of black and white, letter or legal sized copies.
- 15 cents per page for additional black and white, letter or legal sized copies
- 50 cents per page for color, letter or legal sized copies
- \$1.00 for each certified document
- Photographs, plats, maps, specifications and other documents greater than 8½ x 14 will be reproduced at the market rate

All fees for copying or certification of documents are payable at the time copies are made or certified.

WAUCONDA PARK DISTRICT

Freedom of Information Act Request Form

For Inspection or Copying of Public Records

A written Wauconda Park District Freedom of Information Act request must be presented. You do not need to use this specific form although all required information must be included in any written request. The Wauconda Park District reserves the right to charge a fee for reproduction of public records consistent with the schedule of fees (5ILCS 140/1, et seq.) on the reverse of this form. Payment for copying or certifying public records is due at the time records are copied or certified.

1. Name of person making request: _____
2. Address of person making request: _____
City: _____ State: _____ Zip: _____ Telephone: _____

Describe in detail, below, the public records you are requesting and state whether you wish to inspect and/or copy such records. Also, please state whether such public records are to be certified or for commercial use.

The Wauconda Park District will respond to the above non-commercial requests within five (5) working days from the date of receipt unless an extended time period is required.

(FOR OFFICE USE ONLY)

Date Received: _____ Request Denied: _____

Date Completed: _____ Denied By: _____