

CITY OF PALOS HEIGHTS
7607 W. College Drive, Palos Heights, IL 60463
www.palosheights.org



Date Received	_____
Date Due	_____
No.	_____
FOIA Officer	_____
Initials	_____

FREEDOM OF INFORMATION ACT (FOIA) REQUEST

Your Name: _____ Date: _____

Name of Business (if applicable): _____

Address: _____

Phone Number: _____ Email Address: _____

Describe in detail below the public records(s) you are requesting:

Please check your preference for receiving the records:

E-mailed _____ **Mailed** _____ **Pick up** _____ **Inspect Only** _____

() This request is being submitted for commercial purpose. I understand that the City must produce this request within a reasonable period (up to 21 business days) considering the size and complexity of the request. *Any attempt to procure a public record for a commercial purpose without disclosing that the use is for a commercial purpose constitutes a violation of the Act warranting a fine.*

Copying Cost: Fifteen (15) cents per page will be charged for more than 50 letter/legal sized copies. Any color and over-sized copies will be an additional charge as well as any additional costs incurred by the City to obtain information requested.

The City of Palos Heights will respond to the above request within five (5) working days unless an extension of time is agreed upon by the parties or the request is for commercial purpose.

Submitting Your Request via Email

City: apala@palosheights.org

Police: kcaruso@palosheightspd.org

Signature of person making request

Office Use:

Routing of Request: Administration _____ Building Dept. _____

Planning/Zoning _____ Police Dept. _____

Public Works _____ Other: _____

Date of Compliance: _____ Date of Denial: _____
(Request for Extension attached if applicable) (Reason for Denial attached)

Signature _____ Title _____