



# F.O.I.A. Freedom of Information Request Form

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Description of Request (Be Specific)

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Please indicate if you wish to inspect the above mentioned records or wish a copy of them.  
Inspect \_\_\_\_\_ Copy \_\_\_\_\_ Both \_\_\_\_\_ Certified Copies \_\_\_\_\_

**Office Use Only:**  
Original Form to FOIA Officer (2 Copies) 1 Copy to Requestor 1 Copy to Bookkeeper with Payment

Staff Initial \_\_\_\_\_ Date: \_\_\_\_\_

Notations:

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Return the form to:  
Jason Herbster, Executive Director  
Crystal Lake Park District  
Administrative Office  
One E Crystal Lake Avenue  
Crystal Lake, IL 60014

**Requestor Sign Below to Receive Documents**

Requestor's Signature

Pick Up Date