



**REQUEST FOR RECORDS IN ACCORDANCE WITH  
THE FREEDOM OF INFORMATION ACT  
NEW LENOX COMMUNITY PARK DISTRICT**

**DATE OF REQUEST:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**DESCRIPTION OF REQUESTED RECORD (S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INDICATE YOUR CHOICE BELOW:**

\_\_\_\_\_ **INSPECTION**          \_\_\_\_\_ **COPY**          \_\_\_\_\_ **BOTH**

**REQUESTOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Submit to: FOIA Officer  
701 W. Haven Ave.  
New Lenox, IL 60451*

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**FOR OFFICE USE ONLY**

\_\_\_\_\_  
**DATE RECEIVED**

\_\_\_\_\_  
**DATE RESPONSE IS DUE (FIVE WORKING DAYS)**

**RECORDS RECEIVED BY:**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOIA OFFICER'S**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_