



Wheaton Park District  
**Illinois Freedom of Information Act (FOIA)  
Request Form**

**Administrative Office**  
102 E. Wesley St.  
Wheaton, IL 60187  
Phone: 630-665-4710  
Fax: 630-665-5880

**Michael Benard**, Chief FOIA Officer

1. Complete the following fields. *Please print.*

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Pursuant to 5 ILCS 140/1 et seq., "Freedom of Information Act," I request the following public record(s) from the Wheaton Park District:

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

3. Would you prefer to (check one): ☐ Inspect the documents at the Administrative Office  
☐ Receive copies of the documents

*Note: There is no charge for the first 50 pages of black and white letter or legal sized copies. There is a \$0.15 charge for each additional page. There is no charge to inspect records only.*

4. How would you prefer to receive the requested documents? (circle one)

Mail                      Fax                      Pick-up                      Inspect (at the Administrative Office)

5. The purpose of this request is for (check one): ☐ Personal Use                      ☐ Commercial Use

*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, if requested to do so by the public body. 5 ILCS 140.3.1(c)). If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).*

**Important:**

- The Wheaton Park District has five (5) business days to respond to non-commercial requests, unless cause for a time extension is cited by the Park District pursuant to 5 ILCS 140/3(d).
- Please retain a copy of this request for your files, if you need to file a review, you will need to submit a copy of your request.

Requestor's Signature: \_\_\_\_\_

**For Office Use Only**

Receiving FOIA Agent: \_\_\_\_\_

Request received: \_\_\_\_\_ (date/time)

Response period expires: \_\_\_\_\_ (date/time)

Notes: \_\_\_\_\_