VILLAGE OF ORLAND PARK, ILLINOIS
REQUEST FOR PUBLIC RECORDS
UNDER THE FREEDOM OF INFORMATION ACT

FROM:

Name: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

TO:

Freedom of Information Officer
VILLAGE OF ORLAND PARK
14700 S. Ravinia Avenue
Orland Park, Illinois 60462
Phone: 708-403-6150
Fax: 708-403-6153

DESCRIPTION OF REQUESTED PUBLIC RECORD(S): _____

_____

_____

_____

_____

Please indicate if you wish to inspect the public records or wish a copy of them:

Inspection ☐ Copy ☐ Paper ☐ Electronic ☐

Charges:

- Certifying a document: $1.00 ea
- Copying: $0.15 per page after the first 50 pages of black and white, letter or legal sized
  - Oversized copies: $2.00 ea
  - Color copies: $2.00 ea
- DVD/DVR $2.00 ea

Do you wish to have the copies certified? Yes ☐ No ☐

Is this information to be used for a commercial purpose? Yes ☐ No ☐

Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.

This request is being made in accordance with the provisions of the Freedom of Information Act, and the undersigned agrees to abide by the requirements of that Act, and to pay all applicable charges involved with the copying of the public records including postage costs.

_____
SIGNATURE

FOR OFFICE USE ONLY

_____ _____
Date Received Date Response Due

_____ _____
Department Received by Designated Department Director

Notations: _____

_____