



**Fox Valley Park District  
Freedom of Information Act  
Request Form**

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Information/Records being requested (*be specific*): \_\_\_\_\_

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

\_\_\_\_\_  
**Requestor's Signature**

**Please Mail Completed Form To:**

**FOX VALLEY PARK DISTRICT  
712 SOUTH RIVER STREET  
Aurora, IL 60506  
Attention: Debbie Thompson**

The District will respond to or deny a request for public records within seven (7) working days after its receipt.

**(Do not write below this line – for office use only)**

Request Received By: \_\_\_\_\_ Title: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Response Due: \_\_\_\_\_ Request No. \_\_\_\_\_

Date Response Made: \_\_\_\_\_ Number of Copies Made: \_\_\_\_\_

Amount of time (in hours) used to complete this request: \_\_\_\_\_

Time extension to: \_\_\_\_\_ (date) Extension Notice sent on: \_\_\_\_\_ (date)

Denied on: \_\_\_\_\_ (attach copy)

\_\_\_\_\_  
Signature of Employee Responding