FREEDOM OF INFORMATION REQUEST

TO: TAYLORVILLE PARK DISTRICT

18 MANNERS PARK RD

TAYLORVILLE IL 62568

FROM:_____

ADDRESS:_____

CITY STATE ZIP:_____

DESCRIPTION OF RECORDS
REQUEST:_____

_____

_____

_____

_____

PLEASE INDICATE IF YOU WISH TO INSPECT THE ABOVE CAPTIONED RECORDS OR WISH A COPY OF THEM. INSPECT_____ COPY_____ BOTH_____

SIGNATURE OF REQUESTOR: _____

FOR OFFICE USE ONLY

DATE REQUEST_____DATE RESPONSE_____DATE DELIVERED_____

RECORDS MADE AVAILABLE_____COPIES MADE_____YES__NO__FEE_____

REQUEST DENIED_____

REASON FOR DENIAL OF REQUEST_____

SIGNATURE OF PARK
REPRESENTATIVE_____

DATE_____