

City of Highland Park
FREEDOM OF INFORMATION REQUEST FORM

Your Name/Organization _____

Address _____

City, State, Zip Code _____

Daytime Telephone Number () _____

The following public record(s) is/are requested. (Please describe the record(s) as specifically as possible)

I have requested a copy of records pursuant to FOIA. I understand that the City must respond to my request within five (5) business days after receiving it, except that the City may extend the period for an additional ten (10) business days. Additionally, I understand that I will have to pay for the materials before they will be released to me.

Signature _____ Date _____

FOR CITY OF HIGHLAND PARK USE ONLY

LABOR Hours () X Rate (\$) =	\$ _____
<small>(Equal to hours x hourly rate of lowest clerk capable of performing required labor)</small>	
PHOTOCOPIES (\$5.00 for the first page; \$0.32 per additional page: Number of pages ()	\$ _____
PHOTOS (\$5.00/ea)/AUDIO TAPE (\$25.00/ea)/DVD/VIDEO (\$30.00/ea)	\$ _____
POSTAGE (if applicable)	\$ _____
TOTAL	\$ _____
LESS DEPOSIT (if any)	\$ _____
BALANCE DUE	\$ _____

Processed By _____ Date _____