

FORM FOI - 1 Request for Public Records

From:	Name Address City, St, Zip	To: 	Freedom of Information Officer Oregon Park District PO Box 237 Oregon, IL 61061 (815)732-3101
Descr	Phone Number, Email Address iption of Records Requested:		
Please indicate if you wish to inspect the above captioned records or wish a copy of them:			
	Inspection	_Copy	Both
Do you wish to have copies certified? Do you wish to have the records emailed to you?			
For Of	ffice Use Only:		
Date F	Received	Date Re	sponse Due

Schedule of Fees on Reverse Side

Important:

Fees for requests are as follows:

- Black and white copies (letter or legal sized): First fifty (50) pages free, additional pages \$0.15 per page
- Audio Tape/Compact Disk/DVD: \$5.00 per unit
 Certification: \$1.00 per document