



FORM FOI - 1
Request for Public Records

From: _____
Name

Address

City, St, Zip

Phone Number, Email Address

To: Freedom of Information Officer
Oregon Park District
PO Box 237
Oregon, IL 61061
(815)732-3101

Description 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 Office Use Only:

Date Received

Date Response Due