

MACOMB PARK DISTRICT
REQUEST FOR COPIES OF PUBLIC RECORDS UNDER
THE ILLINOIS FREEDOM OF INFORMATION ACT

Date of request: _____

Name of person making request: _____

Address of person making request: _____

Telephone number of person making request: _____

Person or Entity Represented: _____

Public Record Requested (be specific): _____

The Macomb Park District will respond to the above request within five (5) business days.

FOIA Officers:

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