

**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:

Rachel Lenz  
Executive Director  
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PH: 309-833-4562

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