

**City of Highland Park
FREEDOM OF INFORMATION ACT
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 the above records pursuant to the FOIA. I understand that the City of Highland Park 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 (\$ /hr) =	\$ _____
<small>(Equal to hours x hourly rate of lowest clerk capable of performing required labor)</small>	
PHOTOCOPIES (\$0.10 per page): Number of pages: _____	\$ _____
PHOTOS, AUDIOTAPES, CDs/DVDs/VIDEOS (\$5.00/ea).....	\$ _____
POSTAGE (if applicable).....	\$ _____
TOTAL	\$ _____
LESS DEPOSIT (if any).....	\$ _____
BALANCE DUE	\$ _____