



# CITY OF HIGHLAND PARK POLICE DEPARTMENT PUBLIC RECORDS REQUEST

1677 Old Deerfield Road  
Highland Park, Illinois 60035  
847-926-1087 (phone)  
847-432-7706 (facsimile)  
pdrecords@cityhpil.com

## 1. Request for Record

I request the following public records of the City: inspect copy certify

Records Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Requestor:

A. Name of Requestor: \_\_\_\_\_

B. Name of person for whom records are being requested (if not Requestor) \_\_\_\_\_

C. Address for Responses, Decisions, and Communications: \_\_\_\_\_  
\_\_\_\_\_

D. Telephone Number of Requestor: \_\_\_\_\_

Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E. E-Mail Address: \_\_\_\_\_

## 3. Request for Mail

\_\_\_\_\_ I request that the City mail copies of the requested public records to me at the address set forth in Section 5 below. I hereby agree to pay the actual postage for mailing before records will be mailed. It would be unduly burdensome for me to pick up the requested records at the Police Department because:  
\_\_\_\_\_

\_\_\_\_\_ I do not request mail delivery of any of the requested public records.

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**TO BE COMPLETED UPON RECEIPT OF RECORDS**

\_\_\_\_\_  
*Signature of Requestor upon receipt of requested records*

\_\_\_\_\_  
*date*

**4. Agreement for Pay Fees:**

a. Unless I have requested and received a waiver under Subsection B of this Section, I will pay the following fees for the public records copied or certified at my request:

- 1. Copies – 8 ½ x 11 or 8 ½ x 14, Back and White
  - First 50 pages Free
  - Additional pages \$0.15 per page
- 2. Other types of records with set fees The rate set forth in the Annual Fee Resolution
- 3. Certification \$1.00 per record, plus copy costs

I agree that I will pay the actual chares that the City incurs in connection with the copying services, and that the fees stated in items 1 and 2 above will not apply, if; (i) the City must use an outside vendor to copy a public record that is not 8 ½ x 11 or 8 ½ x 14, Black and White; or (ii) the requested records are of a type not listed above. I further agree that the fees stated in item 1 and 2 above will not apply if the fee for the requested record is otherwise fixed by statute. If the requested records are produced on an electronic medium, I agree to pay the actual cost of purchasing the medium.

B. I request a waiver of the fees set forth in Subsection A above, and in support of my request I hereby certify that I will gain no significant personal or commercial benefits from the public record herein requested and that my principle purpose in making this request is to benefit the general public by disseminating information concerning health, safety, welfare or legal rights of the general public in the following specific manner:

\_\_\_\_\_

**5. Purpose for Request**

Please check Yes or No for each of the following questions:

	<u>Yes</u>	<u>No</u>
A. I am requesting the public records identified in Section 1 above to use the records, or information derived therein, for sale, resale, solicitation or advertisement for sales or service.	___	___
B. I am, or represent, news media or a non-profit, scientific or academic organization.	___	___
C. The principle purpose of this Request for Public Records is to access and disseminate information concerning news and current or passing events.	___	___
D. The principle purpose of this Request for Public Records is for articles of opinion or features of interest to the public.	___	___
E. The principle purpose of this Request for Public Records is academic, scientific, or public research or education.	___	___

Pursuant to Section 3.1(c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose.

**6. Signature of Requestor**

By signing this Request I acknowledge and represent that I have reviewed, and that I understand, the City of Highland Park Rules and Regulations for Implementation of the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate:

\_\_\_\_\_ Signature of Requestor

\_\_\_\_\_ date