

**DES PLAINES VALLEY PUBLIC LIBRARY DISTRICT
FREEDOM OF INFORMATION REQUEST**

Requestor's Name (or business name, if applicable): _____

Date of Request: _____

Phone number: _____

Street Address: _____

City, State Zip: _____

Certification requested (circle one): Yes No

Description of Records Requested: _____

Is the reason for this request a "commercial purpose" as defined in the Act?
(circle one): Yes No

Library Response (Requestor does not fill in below this line)

The documents requested are enclosed.

You may inspect the records at _____ on the date of _____.

The documents will be made available upon payment of copying costs of \$_____.

For "commercial requests" only: the estimated time of when the documents will be available is _____, at the prepaid costs stated above.

The request creates an undue burden on the public body in accordance with Section 3(g) of the Freedom of Information Act, and we are unable to negotiate a more reasonable request.

The materials requested are exempt under Section 7 of the Freedom of Information Act for the following reasons: _____

Individual(s) that determined request to be denied and title: _____

In the event of a denial, you have the right to seek review by the Public Access Counselor at (217) 558-0486 or 500 S. Second St., Springfield, IL 62705
Or you have the right to judicial review under section 11 of FOIA.

() Request delayed, for reasons (in accordance with 3(e) of the FOIA). You will be notified by the date of _____ as to the action taken on your request.

NOTE: This form is not MANDATORY under FOIA, but it is preferred. Failure to use it may result in the request not being properly or promptly processed.

FOIA Officer

Date of Reply