

**LEMONT PUBLIC LIBRARY DISTRICT
FREEDOM OF INFORMATION REQUEST**

Date Requested:

Request Submitted By: ___ E-mail ___ U.S. Mail ___ Fax ___ In Person

Name of Requester: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

Do you want copies of the documents? YES or NO _____

--Do you want Electronic Copies or Paper Copies? _____

--If you want Electronic Copies, in what format? _____

Is this request for a Commercial Purpose? YES or NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES or NO

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).

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

A P P R O V E D	<p><input type="checkbox"/> The documents requested are enclosed.</p> <p><input type="checkbox"/> You may inspect the records at _____ on the date of _____.</p> <p><input type="checkbox"/> The documents will be made available upon payment of copying costs of \$_____.</p> <p><input type="checkbox"/> For “commercial requests” only: the estimated time of when the documents will be available is _____, at the prepaid costs stated above.</p>
D E N I E D	<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Request delayed, for the following 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.</p>

**NOTE: This form cannot be 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:
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