River Forest Public Library
Freedom of Information Act Request

Date of request___________________

Requestor’s Name (or business name, if applicable)_______________________________________________________

Phone Number__________________________  Email address _____________________________________

Street Address____________________________________________________________________________

City ________________________________________       State _________          Zip _________________

Certification Requested:       (  )Yes    (  )No

Description of Records Requested
__________________________________________________________________________________________
__________________________________________________________________________________________

Is the reason for this request a “commercial purpose” as defined in the Act?      (  )Yes      (  )No

The information required by this form is MANDATORY in order to comply with 5 ILCS 140/1. Failure to use it may result in the request not being properly or promptly processed.

Library Response (requestor does not fill below this line)

A (  ) The documents requested are enclosed.
P (  ) The documents will be made available upon payment of paper copying costs of $_________, or electronic copying costs of the actual cost of the electronic medium.
P (  ) You may inspect the records at River Forest Public Library on the date of ___________.
O (  ) You may obtain this material either in the paper format if paying the costs above, or you may obtain it in the electronic format in which it is maintained (______________ format).
V (  ) For “commercial requests” only; the estimated time of when the documents will be available is ______________, at the prepaid costs stated above.

D (  ) The request creates an undue burden on the public body in accordance with Section 3(g)) of the Illinois Freedom Act, and we are unable to negotiate a more reasonable request.
N (  ) You have the opportunity to confer with the FOIA Officer to reduce the request to manageable proportions.
E (  ) The materials requested are exempt under Section 7 ___ of the Illinois Freedom of Information Act for the following reasons:

________________________________________________________________________________________

Individual 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) 588-0486, publicaccess@atg.state.il.us. Or 500 S. 2nd Street, Springfield, IL 62705. You have the right to judicial review under Section 11 of the Act.

(  ) Request delayed for the following reason(s) in accordance with 3(e) of the Illinois Freedom of Information Act:

________________________________________________________________________________________

You will be notified by the date of ____________ as to the action taken on your request.

FOIA Officer ___________________________ Date of Reply ________________