

**Lake Villa District 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 in below this line)

- A () The documents requested are enclosed.
P () The documents will be made available upon payment of paper copying costs of
P \$_____, or electronic copying costs of the actual cost of the electronic medium.
R () You may inspect the records at _____ on the date of _____.
O () You may obtain this material either in the paper format if paying the costs above, or you
V may obtain it in the electronic format in which it is maintained (_____format).
E () **For "commercial requests" only:** the estimated time of when the documents will be
D 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)
E of the Illinois Freedom of Information Act, and we are unable to negotiate a more
N reasonable request. You have the opportunity to confer with the FOIA Officer to reduce
I the request to manageable proportions.
E () The materials requested are exempt under Section 7____ of the Illinois Freedom of
D Information Act for the following reasons:

Individual that determined request to be denied and title:

Printed Name

Title

In the event of a denial, you have the right to seek review by the Public Access Counselor at (217)558-0486, 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 _____