

ELMWOOD PARK PUBLIC LIBRARY

Freedom of Information Act (FOIA) Request for Records

Using this form is not required, but can be used as a guideline to assist the requester in the specifics of the request. Any type of written request will be accepted. There is no requirement under the Act to respond to oral requests or to provide information other than what already exists in records.

To: Freedom of Information Act Officer
1 W. Conti Parkway, Elmwood Park IL 60707
FAX: 708-395-1228
eps@elmwoodparklibrary.org

Request # _____ (Office Only)

Date: _____

1. Request for Records: I hereby request the right to inspect or to obtain copies or certified copies of, the following public records of the Elmwood Park Public Library:

Please indicate if you wish to inspect the above captioned records or wish a copy of them.

___ Inspection ___ Copy ___ Both

Is this request for commercial purposes? ___ Yes ___ 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. 5 ILCS 140/6(c).)

2. Assessment of Fees for Copies

A. Unless a waiver is requested and approved pursuant to Paragraph C of this section, I agree to pay the following fees for all public records copies or certified at my request. I understand that the Freedom of Information Act permits the Library to charge a reasonable copying fee to reproduce these records:

B.

- The first 50 pages of black and white, letter or legal paper are free of charge
- After the first 50 pages, the Library will charge .10 per page
- Colored copies and copies sized other than legal or letter size will be charged at the actual cost of reproduction
- Cost of electronic records, e.g., disks, diskettes, tapes, etc., will be charged at the actual cost of the recording medium.
- Certified copies are \$1.00

C. I request a waiver of the fees, and certify that I will gain no significant personal or commercial benefit from the public records requested, and that my purpose in making this request is to benefit the general public in the following manner:

Signature of Requester: _____

Approval: _____

3. Identification of Requester (Please print). Please note that we need at least one way to get in touch with the requester. Please provide your preferred method.

Name _____

Name of person for whom records are being requested (if not Requester)

Address for Responses, Decisions and Communications:

Street: _____

City/State/ZIP: _____

Phone: _____ Email: _____

The Elmwood Park Public Library will respond to this request within 5 business days for non-commercial requests and 21 business days for commercial requests. The extension or denial will be sent in writing to the requester. A denial may be appealed in writing to the Library President within 14 days of receipt of denial by the requester. Judicial review under the Freedom of Information Act is available as a final recourse.

For Library Use

Received by the Elmwood Park Public Library, Elmwood Park IL FOIA Request # _____

Date: _____ Time: _____ Response Due: _____

Name & Title of Library employee receiving request:

Forward Request to: _____

Signature: _____ Freedom of Information Act Officer

Number of Pages: _____ Number of Copies: _____

Date Payment Received: _____ Amount of Payment: _____

Remarks: _____