## ROSELLE PUBLIC LIBRARY DISTRICT

## FREEDOM OF INFORMATION REQUEST

| Requestor's Name (or business name if applicable) | Date of Request | Phone Number |
|---|---|---|
| | | |

| Street Address | Certification requested: |
|---|---|
| | _____ Yes _____ No |

City State Zip

Description of Records Requested:

_____

_____

_____

Is the reason for this request a "commercial purpose" as defined in the Act? _____ Yes _____ No

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

**APPROVED**

( ) 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.

**DENIED**

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

( ) The materials requested are exempt under Section 7 _____ of the FOIA 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 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.

**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 |
|---|---|
| | |