

ARLINGTON HEIGHTS MEMORIAL LIBRARY

FREEDOM OF INFORMATION REQUEST

NOTE: This form cannot be MANDATORY under FOIA, but it is preferred.

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				
<i>Library Response (Requestor does not fill in below this line)</i>				
APPROVED	<input type="checkbox"/> The documents requested are enclosed.			
	<input type="checkbox"/> You may inspect the records at _____ on the date of _____.			
	<input type="checkbox"/> The documents will be made available upon payment of copying costs of \$ _____.			
	<input type="checkbox"/> For "commercial requests" only: the estimated time of when the documents will be available is _____, at the prepaid costs stated above.			
DENIED	<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.			
	<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.			
<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.				
FOIA Officer			Date of Reply	