

**HOMEWOOD PUBLIC LIBRARY DISTRICT  
FREEDOM OF INFORMATION REQUEST**

**\*\* Note to Requestor:** Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request. \*\*

Request Submitted By: \_\_\_\_\_ E-mail \_\_\_\_\_ U.S. Mail \_\_\_\_\_ FAX \_\_\_\_\_ In Person

Requestor's Name (or business if applicable):

Date of Request:

Telephone (Optional):

Street Address:

Certification Requested:

\_\_\_\_\_ Yes \_\_\_\_\_ No

City, State, Zip Code:

FAX (Optional):

E-mail (Optional):

Description of Records Requested:

Do you want copies of the documents? \_\_\_\_\_ Yes \_\_\_\_\_ No

-- Do you want Electronic Copies or Paper copies? \_\_\_\_\_

-- If you want Electronic Copies, in what format? \_\_\_\_\_

Is this request for a Commercial Purpose? \_\_\_\_\_ 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, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6 (c)).

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(OVER)

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

- ( ) The documents requested are enclosed.
  
- ( ) The documents will be made available upon payment of copying costs  
\$ \_\_\_\_\_ . Certification is \$ \_\_\_\_\_ .
  
- ( ) You may inspect the records at \_\_\_\_\_  
on the date of \_\_\_\_\_ .

( ) The request creates an undue burden on the public body in accordance with Section 3(f) of the Freedom of Information Act+B140 and we are unable to negotiate a more reasonable request.

( ) The materials requested are exempt under Section 7 \_\_\_\_\_ of the Freedom of Information Act for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Individual(s) who determined request to be denied:

\_\_\_\_\_

( ) Request delayed for the following reasons (in accordance with 3(d) of the FOIA):

\_\_\_\_\_

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

**The information required by this form is MANDATORY in order to comply with 5 ILCS 140/1.  
Failure to so provide may result in this form not being processed.**

FOIA officer:

Date of Reply:

\_\_\_\_\_

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