

**LAKE FOREST LIBRARY
REQUEST FOR PUBLIC RECORDS**

To: Library Director/FOIA Officer
Lake Forest Library
360 E Deerpath Rd
Lake Forest IL 60045

Date: _____

I. Request for Records Describe in detail the public records that you wish to inspect or to have copied or certified. Use a separate sheet if necessary. Indicate whether you wish only to inspect the public records at the Library or to have the public records copied or certified by checking the appropriate box to the right of each record described.

Records Requested	inspect	copied	certified
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Agreement to Pay Fees

A. Unless I have requested and received a waiver of fees, I agree to pay in advance of receiving copies of any public records the copying and certification fees as set forth on the Library website at www.lakeforestlibrary.org/foia.

B. I request a waiver of the fees. (IF APPLICABLE) In support of my request, I certify and represent that I will gain no significant personal or commercial benefit from the records requested and that my principal purpose is to benefit the general public by disseminating information concerning the health, safety, welfare, or legal rights of the general public in the following specific manner:

Signature of Requester

III. Purpose of Request Indicate the purposes for your request for public records:

- Noncommercial Purpose
- Commercial Purpose

A “commercial purpose” is defined as the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services. Misrepresentation of the purpose of a Request is a violation of the Act.

IV. Request for Delivery

- I request that copies of the requested public records be sent to me by e-mail at the e-mail address in Section V. below.
- I request that copies of the requested public records be mailed to me at the address in Section V. below. I will pay the actual postage for mailing before the records are mailed.
- I do not request delivery of the requested public records. I will pick up the records at the Library.

Signature of Requester

V. Identification of Requester You must provide the information requested in Section V.

- A. Name of Requester: _____
- B. Address: _____
- C. Telephone Number: _____
- D. Email Address: _____

VI. Signature of Requester I acknowledge and represent that I have reviewed and understand the Library's FOIA Policy and that the information I have provided in this request is true and accurate.

Signature of Requester

Date

The Library will disclose the public records requested on this Request Form within 5 business days after the receipt of this Request Form (or such other time as permitted by the Act for Commercial Purpose, Recurrent, and Voluminous Requests), unless the time period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefor. A denial may be appealed to the Public Access Counselor within 60 business days after the date of the Notice of Denial. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq.

FOR LIBRARY USE ONLY

Received by the Library:

Date: _____ Time: _____

Response Due: _____

(5 business days after receipt unless commercial, recurrent, or voluminous request)

Method of Delivery:

- Personal Delivery Email
 Mail Delivery Other _____

Library employee receiving request:

Name: _____ Title: _____
Signature: _____
