

Lincolnwood Public Library District
Request for Public Records Form

Note to Requester: Retain a copy of this request for your files.

Name of Requester: _____

Date Requested: _____

Request Submitted by: _____ Email _____ U.S. Mail _____ Fax _____ In Person

Street Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Fax: _____

Records Requested: Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages if necessary.

Do you want copies of the documents?

_____ No, inspection only _____ Yes, paper copies _____ Yes, electronic copies (specify 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. 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).

The first 50 letter or legal sized pages are free of charge. Additional pages after the first 50 are \$.15 per side for letter and legal sized documents. Copies larger than 11x17 will be charged the actual cost for reproducing the records. If copies are requested in an electronic format, you will be charged the actual cost for purchasing the medium. The fee for certifying a public record is \$1.00 per record, plus the copy cost if applicable. An invoice will be issued and payment is to be made payable to Lincolnwood Public Library District.

The Library will disclose the public records requested on this form within 5 business days for non-commercial requests, and within 21 business days for all requests made for commercial purposes.

For official use only.	Date Request Received: _____	Received by: _____	Date Fulfilled: _____
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