

Frank Bertetti Benld Public Library

Freedom Of Information Request Form

Date of request _____

Requesters Name _____

Address: _____

City: _____ Zip code _____

Phone: _____

Certification requested? Yes No

Description of record(s) requested. Use the reverse side if needed:

Is the reason for this request a commercial purpose as defined in the act?

Yes No

Library Response

_____ Documents are enclosed.

_____ You may inspect the requested information at _____

_____ on the dates of _____.

_____ The documents will be made available upon payment of copying costs in the Amount of \$ _____.

_____ The request creates an undue burden on the public body in accordance with Section 3 (g) of the 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 determine request be denied and their title(s):

In the event of a denial, you have the right to seek review by the Illinois Public Access Counselor at (312) 814-5526, or (877) 299-3642 or 500 South Second Street, Springfield, IL 62705. Or you have the right to a judicial review under section 11 of FOIA.

_____ Request delayed, for the following reasons:

In Accordance with section 3(e) of FOIA:

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

FOIA Officer

Date of reply