REQUEST FOR PUBLIC RECORDS
INSTRUCTIONS AND INFORMATION

1. In Section I, 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 Highland Park Public Library (“Library”) or to have the public records copied or certified by checking the appropriate space to the right of each record described.

2. By submitting this Request Form, you agree to pay the Library, in advance of receiving copies of any public records, the copying and certification fees set forth in Section II below.

   The fees set forth in Section II may be waived or reduced by the Library Executive Director upon proof that the purpose of your request is primarily to benefit the public and that you will receive no significant personal or commercial benefit from your request. If you wish to be considered for such a waiver or reduction, you must complete and separately sign the statement set forth in Paragraph B of Section II.

3. In Section III, indicate the purposes for which you are requesting the public records identified in Section I.

4. The Library will not mail copies of public records except upon advance payment of the actual cost of postage. If you wish to request mailing of the requested records, you must complete and separately sign the statement set forth in Section IV.

5. You must provide the information requested in Section V.

6. You must sign the statement set forth in Section VI.
To: Executive Director or FOIA Officer  
Highland Park Public Library  
494 Laurel Avenue  
Highland Park, Illinois 60035

I. Request for Records  
I hereby request the right to inspect, or to obtain copies or certified copies of, the following public records of the Library:

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<th>Records Requested</th>
<th>inspect</th>
<th>scanned</th>
<th>copied</th>
<th>certified</th>
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II. Agreement to Pay Fees  

A. Unless a waiver is requested and approved pursuant to Paragraph B of this Section, I agree to pay the following fees in advance for all public records copied or certified at my request:

1. Copies – black and white, 8 ½ x 11 or 11 x 14  
   a. First 50 sides of a document Free  
   b. Each additional side of same document $0.15 per side  
   c. Color or non-standard size copies Actual cost  
   d. Certification (per document plus copy cost) $1.00 per side

2. Copies – electronic Actual cost of recording medium

3. Mailing  
   Standard__Overnight ___ Priority  
   Cost of Postage

I further acknowledge and agree that, if the services of an outside vendor are required to copy any public record, I shall pay the actual charges that the Library incurs in connection with such copying services.

B. I request a waiver of the fees set forth in Paragraph A of this Section, and, in support of such request, I do hereby certify and represent that I will gain no significant personal or commercial benefit from the public records herein requested.

_____________________________________  
Signature of Requestor
III. **Purpose of Request**

I am requesting access to the public records identified in Section I above for the following purpose:

___ Non-Commercial Purposes

___ Commercial Purposes

(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)).

IV. **Request for Mail Delivery**

I request that the Library mail to me at the address set forth in Section V below copies of all public records responsive to this request. I understand that I will be required to, and do hereby agree to, pay the actual postage for such mailing before the records will be mailed.

__________________________________________
Signature of Requestor

V. **Identification of Requestor**

A. Name of Requestor: ____________________________________________________________

B. Name of person for whom records are being requested (if not Requestor):

__________________________________________

C. Address (city, state, zip code) for Responses, Decisions, and Communications:

__________________________________________

D. Telephone Numbers of Requestor (optional):

Day: ____________________________________________________________

Evening: ____________________________________________________________

E. E-mail (optional): ____________________________________________________________

F. Fax (optional): ____________________________________________________________

VI. **Signature of Requestor**

By signing this Request, I acknowledge and represent that I have reviewed and understood the Highland Park Public Library’s Illinois Freedom of Information Act Policy and that all of the information provided in support of this request is true and accurate.

__________________________________________
Signature of Requestor

Date ______________________
FOR LIBRARY USE ONLY

Received by the Highland Park Public Library, Lake County, Illinois:

Date: __________________ Time: __________________

Method of Delivery: ___ Personal Delivery during Business Hours
___ Personal Delivery after Business Hours
___ Mail Delivery during Business Hours
___ Mail Delivery after Business Hours
___ Email Delivery
___ Fax Delivery

Library employee receiving request:

Name: ___________________ Title: ___________________

Signature: ____________________________________________

Response Due: _______________ (Five Working Days (if extended, ten working days) or twenty-one working days (for commercial requests) after day of receipt)

FOIA Officer responsible for compiling response:

Name: ___________________ Title: ___________________

NOTE: This form is not MANDATORY under FOIA, but it is preferred. Failure to use it may result in the request not being properly or promptly processed.

Adopted: March 15, 2006
Revised: February 9, 2010
Revised: May 1, 2014
Approved with no revisions: May 9, 2017
Revised: April 12, 2022