

**HIGHLAND PARK PUBLIC LIBRARY
LAKE COUNTY, ILLINOIS**

**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.

**HIGHLAND PARK PUBLIC LIBRARY
LAKE COUNTY, ILLINOIS
REQUEST FOR PUBLIC RECORDS**

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:

Records Requested	inspect	copied	certified
_____	—	—	—
_____	—	—	—
_____	—	—	—
_____	—	—	—

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 abnormal size copies | Actual cost |
| | d Certification (per document plus copy cost) | \$1.00 |
| 2 | Copies – electronic | Actual cost of recording medium |
| 3 | Mailing | Cost of Postage |
| | Standard ___ Overnight ___ Priority ___ | |

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 and that my principal purpose in making this request 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 Requestor

III. Purpose of Request

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

_____ Research Information or News Coverage

_____ 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
Reformatted without change May 1, 2014
Approved with no revisions May 9, 2017