

**WOOD DALE PUBLIC LIBRARY DISTRICT
FREEDOM OF INFORMATION REQUEST**

520 North Wood Dale Road, Wood Dale, IL 60191
Phone: 630-766-6762 Email: foia@wooddalelibrary.org

Requestor's Name (or business name, if applicable)	Date of Request	Phone number (Optional)
Street Address	Email (Optional)	
City	State	Zip
Description of 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.		
<p>Is the reason for this request a "commercial purpose" as defined in the Act? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(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)).</small></p> <p>Are you requesting a fee waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(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)).</small></p> <p>Is certification requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<i>Library Response (Requestor does not fill in below this line)</i>		
A P P R O V E D	<input type="checkbox"/> The documents requested are enclosed by legal deadline of _____ <input type="checkbox"/> You may inspect the records at _____ on the date of _____. <input type="checkbox"/> The documents will be made available upon payment of copying costs of \$ _____. <input type="checkbox"/> For "commercial requests" only: the estimated time of when the documents will be available is _____, at the prepaid costs stated above for copying.	
D E N I E D	<input type="checkbox"/> The request creates an undue burden on the public body in accordance with Section 3(g) of the Freedom of Information Act, and we are unable to negotiate a more reasonable request. <input type="checkbox"/> The materials requested are exempt under Section 7 _____ of the Freedom of Information Act for the following reasons: _____ _____ Individual(s) that determined request to be denied and title: _____ _____ In the event of a denial, you have the right to seek review by the Public Access Counselor at 500 S. Second St., Springfield, IL 62701, (877) 299-3642, public.access@ilag.gov Or you have the right to judicial review under section 11 of FOIA. <input type="checkbox"/> Request delayed, for the following reasons (in accordance with 3(e) of the FOIA): _____. You will be notified by the date of _____ as to the the action taken on your request.	
OTHER		
FOIA Officer:		Date of Reply: