

To: FOIA Officer
 Village of Round Lake Park
 203 E Lake Shore Drive
 Round Lake Park, IL 60073

Date: _____

I. Request for Records Describe in detail the public record(s) 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 the Public Body Office or to have the public records copied or certified by checking the appropriate box to the right of each record described.

I hereby request the right to inspect, or to obtain copies or certified copies of, the following public records of the Public Body:

Records Requested	Inspect	Copied	Certified
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Agreement to Pay Fees By submitting this Request Form, you are agreeing to pay to the Public Body, 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 FOIA Officer only upon proof that the purpose of your request is primarily to benefit the general public and that you will receive no significant personal or commercial benefit from you request. If you wish to be considered for a waiver or reduction, you must complete and separately sign the statement set forth in Section B of Section II.

- A. Unless a waiver is requested and approved pursuant to Section B of this Section, I agree to pay the following fees for all public records copied or certified at my request:
1. Copies – letter or legal \$.15 per side.
 2. Copies – color or oversize Actual cost of reproduction.
 3. Certification \$1.00 per document plus copy cost.
 4. Mailing Actual cost of postage

However, there will be no charge for the first 50 pages of letter or legal size black and white copies for a Requester, except for Requests for commercial purposes. I further acknowledge and agree that, if the services of an outside vendor are required to copy any public record, I will pay the actual charges that the Public Body incurs in connection with such copying services.

- B. I request a waiver of the fees set forth in Section A of this Section, and, in support of such request, I certify and represent that I will gain no significant personal or commercial benefit from the records 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 Indicate the purposes for which you are requesting the public records identified in Section I.

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

- Noncommercial Purpose
- Commercial Purpose

A "commercial purpose" is defined under the Act as the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services. Please be advised that misrepresentation of the purpose of a Request is a violation of the Act.

IV. Request for Mail Delivery If you wish to request mailing of the requested records, you must complete and separately sign the statement set forth in Section IV.

I request that the Public Body 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 You must provide the information requested in Section V.

A. Name of Requestor: _____

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

C. Address for Responses, Decisions, and Communications:

D. Telephone Number(s) of Requestor:

Day: _____

Evening: _____

VI. Signature of Requestor You must sign the statement set forth in Section VI.

By signing this Request, I acknowledge and represent that I have reviewed and understood the Public Body's FOIA Policy and that all of the information provided in support of this request is true and accurate.

Signature of Requestor

Date

The Public Body will disclose the public records requested on this Request Form within five working days after the receipt of this Request Form (or 21 days for a Commercial Purpose Request), unless the time period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefore. A denial may be appealed to the Public Access Counselor with 60 working days after the date of the Notice of Denial. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq.* For more detailed information, please consult the Public Body FOIA Policy, which is available from the FOIA Officer.

FOR PUBLIC BODY USE ONLY

Received by the Public Body: Date _____ Time: _____

Response Due: _____ (Five working days after day of receipt or 21 working days for commercial purpose)

Method of Delivery:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Personal Delivery | <input type="checkbox"/> Email |
| <input type="checkbox"/> Mail/Courier/Fax Delivery | <input type="checkbox"/> Other _____ |

Public Body employee received request:

Name: _____ Title: _____

Signature: _____