

**NORTH SUBURBAN LIBRARY SYSTEM
FREEDOM OF INFORMATION REQUEST**

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|--|---|--------------|
| Requestor's Name (or business name, if applicable) | Date of Request | Phone Number |
| Street Address | Certification Requested: _____ Yes _____ No | |
| City | State | ZIP |
| Description of Records Requested: _____ _____ _____ | | |
| Is the reason for this request a "commercial purpose" as defined in the Act? _____ Yes _____ No | | |

North Suburban Library System Response (Requestor does not fill in below this line)

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|--|--|
| A P P R O V E D | <input type="checkbox"/> The documents requested are enclosed. |
| | <input type="checkbox"/> You may inspect the records at _____ on the date of _____. |
| | <input type="checkbox"/> The document 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. |

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|--|---|
| 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 material 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 (217) 558-0486 or 500 S. Second St., Springfield, IL 62705 Or you have the right to judicial review under Section 11 of FOIA. |

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 action taken on your request.

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

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| FOIA Officer | Date of Reply |
|--------------|---------------|