REACHING ACROSS ILLINOIS LIBRARY SYSTEM
FREEDOM OF INFORMATION REQUEST

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

REACHING ACROSS ILLINOIS LIBRARY SYSTEM RESPONSE (Requestor does not fill in below this line)

APPROVED

( ) The documents requested are enclosed.

( ) You may inspect the records at _____ on the date of _____.

( ) The document will be made available upon payment of copying costs of $_____.

( ) **For "commercial requests" only:** the estimated time of when the documents will be available is _____, at the prepaid costs stated above.

DENIED

( ) 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.

( ) The material requested are exempt under Section 7 _____ of the Freedom of Information Act for the following reasons:

_____

_____

Individuals(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.

FOIA Officer	Date of Reply