



REQUEST FOR PUBLIC RECORDS
OFFICIAL REQUEST FORM

INSTRUCTIONS AND INFORMATION

a. By submitting this Request Form, you are agreeing to pay to the Library, in advance of receiving copies of any public records, the copying and certification fees set forth in Section 1.

The fees set forth in Section 1 may be waived or reduced by the Freedom of Information Officer on determination and 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 your request. If you wish to be considered for a fee waiver or reduction, you must submit the required statement as indicated in Section 1.

b. In Section 2, please indicate whether the request is for commercial purposes. You must provide the information in this Section.

c. The Library will not mail copies of public records unless requested as set forth in Section 3 and then only upon advance payment of the actual cost of postage.

d. You must provide the information requested in Section 4.

e. In Section 5, describe the public records that you wish to inspect or to have copied or certified. Please be precise about what records you seek. You may use a separate sheet if necessary.

Check the appropriate spaces to indicate whether you are requesting to inspect the public records at the Library or whether you are also requesting to have the public records copied or certified.

f. You must sign the statement set forth in Section 6.

The Library will disclose the public records requested on this Request Form within 21 Business Days after the receipt of this Request Form for all requests made for commercial purposes, and within five Business Days for all other requests, unless the applicable response 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. The Requestor may seek review of a denial by the Public Access Counselor of the Office of the Illinois Attorney General. 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 Crystal Lake Public Library Freedom of Information Act Rules and Regulations, which are available from the Freedom of Information Officer and at www.clpl.org.

1. Agreement to Pay Fees

1.	Copies – 8½ x 11 or 8½ x 14, Black and White	
	First 50 pages	Free
	Additional pages	\$0.15 per side
2.	Other types of records with set fees	actual cost
3.	Certification	\$1.00 per record, plus copy cost

I agree that I will pay the actual charges that the Library incurs in connection with the copying services, and that the fees stated in items 1 through 3 above will not apply, if: (i) the Library must use an outside vendor to copy a public record that is not 8½ x 11 or 8½ x 14, Black and White; or (ii) the requested records are of a type not listed above. I further agree that the fees stated in items 1 through 3 above will not apply if the fee for the requested records is otherwise fixed by statute. If the requested records are produced on an electronic medium, I agree to pay the actual cost of purchasing the medium.

Are you requesting a waiver of fee? Yes No
If yes, 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)).

2. Purpose of Request

Please check Yes or No for the following question: Yes No
I am requesting the public records identified in Section 1 above
to use the records, or the information derived therein, for sale,
resale, solicitation, or advertisement for sales or services.

Pursuant to Section 3.1(c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose. Each request for a public record or category of public records made in violation of this requirement (whether made as part of a single or multiple written requests) shall be subject to a fine of \$750 and such other penalties allowed by law.

3. Request for Mail Delivery

I do not request mail delivery of any of the requested public records.
 I request that the Library mail copies of the requested public records to me at the address set forth in Section 4 below. I hereby agree to pay the actual postage for mailing before the records will be mailed.

4. Requestor

A. Name of Requestor: _____

B. Company: _____

C. Address: _____

D. Home Phone: _____ Cell Phone _____

E-mail: _____

5. Description of Request

How do you wish to view the record(s)? in person paper copy media

Please check if you wish to have the copy certified

6. Signature of Requestor

By signing this Request, I acknowledge and represent that I have reviewed, and that I understand, the Crystal Lake Public Library Freedom of Information Act Rules and Regulations 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 Crystal Lake Public Library, McHenry 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
 Electronic delivery by _____

Library employee receiving request (if not Freedom of Information Officer):

Name: _____ Title: _____

Forwarded to Freedom of Information Officer (if applicable):

Date: _____ Time: _____

Due to Requestor: _____

Date forwarded to Department(s): _____

Department(s) involved: Admin _____ Adult Services _____ Circulation _____

Tech Services _____ Youth Services _____

Filed Electronically

Closed File

Notes: _____

