

**GAIL BORDEN PUBLIC LIBRARY DISTRICT
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		
<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. <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.	
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 (217) 558-0486 or 500 S. Second St., Springfield, IL 62705 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 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
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