

GAIL BORDEN PUBLIC LIBRARY DISTRICT

REQUEST FOR PUBLIC RECORDS

To: FOIA Officer, Administration Office
 Gail Borden Public Library District
 270 N. Grove Ave. Elgin, IL 60120
 foia@gailborden.info

Date: _____

I. **Request for Records** Describe in detail the public records 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 District Building or to have the public records copied or certified by checking the appropriate box to the right of each record described.

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 agree to pay in advance of receiving copies of any public records the copying and certification fees set forth in Section II below. .

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
5. Commercial Requests
 - a. Personnel Fee -- \$10.00 per hour over 8 hours
 - b. Offsite Storage Retrieval -- Actual cost
6. Electronic Records (Voluminous Requests only)
 - a. Records not in PDF format:
 - o up to 2 MB of data - \$20.00
 - o more than 2 MB but less than 4 MB of data - \$40.00
 - o more than 4 MB - \$100.00
 - b. Records in PDF format:
 - o up to 80 MB of data - \$20.00
 - o more than 80 MB but less than 160 MB of data - \$40.00
 - o more than 160 MB - \$100.00

However, there will be no charge for the first 50 pages of letter or legal size black and white copies for a Requestor, except for Requests for commercial purposes or voluminous requests.

FORM 1 – REQUEST FOR PUBLIC RECORDS

B. I request a waiver of the fees. (IF APPLICABLE) In support of my request, I certify and represent that I will gain no significant personal or commercial benefit from the records requested and that my principal purpose 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 your request for public records:

- Noncommercial Purpose
- Commercial Purpose

A “commercial purpose” is defined 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. Misrepresentation of the purpose of a Request is a violation of the Act.

IV. Request for Mail Delivery (IF APPLICABLE) I request that copies of the requested records be mailed to me and agree to pay the actual postage in advance.

Signature of Requestor

V. Identification of Requestor You must provide the information requested in Section V.

- A. Name of Requestor: _____
- B. Address: _____
- C. Telephone Number: _____
- D. Email Address: _____

VI. Signature of Requestor I acknowledge and represent that I have reviewed and understand the District’s FOIA Policy and that the information I have provided in this request is true and accurate.

Signature of Requestor

Date

The District will disclose the public records requested on this Request Form within 5 business days after the receipt of this Request Form (or such other time as permitted by the Act for Commercial Purpose, Recurrent, and Voluminous Requests), 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 therefor. A denial may be appealed to the Public Access Counselor within 60 business 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 District FOIA Policy, which is available from the FOIA Officer.

FOR DISTRICT USE ONLY

Received by the District: Date: _____ Time: _____

Response Due: _____ (5 business days after receipt unless commercial, recurrent, or voluminous request)

Method of Delivery:

- Personal Delivery Email
- Mail/Courier/Fax Delivery Other _____

District employee receiving request:

Name: _____ Title: _____

Signature: _____