



THREE RIVERS 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

Description of Records Requested:

Is the reason for this request a "commercial purpose" as defined in the Act?

___ Yes _____ No

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

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.
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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 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: _____ _____
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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 _____