

## McHenry Public Library District Freedom of Information Act (FOIA) Request

Note: This form is not MANDATORY under FOIA, but is preferred.

Requestor's Name (or business, if applicable)		Date of Request	
Street Address		Certification Requested ___ Yes ___ No	
City	State	Zip	Phone
<b>Description of Records Requested:</b> <hr/> <hr/> <hr/>			
Is the reason for this request a "commercial purpose" as defined in the Act? ___ Yes ___ No			
<b>Library Response (Requestor does not fill in below this line)</b>			
APPROVED	<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 cost stated above.		
DENIED	<input type="checkbox"/> The request creates an undue burden on the public body in accordance with Section 3(g) of the Act, and we are unable to negotiate a reasonable request. <input type="checkbox"/> The materials requested are exempt under Section 7 of the Act for the following reasons: <hr/> Individual(s) and title that determined request to be denied: _____. 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 the Act. <input type="checkbox"/> Request delayed, for the following reasons (in accordance with Section 3(e) of the Act): _____. <hr/> You will be notified by the date of _____ as to the action taken on your request.		
FOIA Officer		Date of Reply	