



BRIMFIELD
PUBLIC LIBRARY DISTRICT

Freedom of Information Act Request Form

FOIA Request: To Be Filled Out by Requestor

Date of Request: _____ Certification Requested: Yes _____ No _____

Requestor's Name: _____ Phone number: _____

Business Name (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Is this request for a "commercial purpose" as defined by the Act? Yes _____ No _____

Description of Records Requested: _____

See Reverse for Response to Request

Response to FOIA Request: To Be Filled Out by Library

Approved

_____ The documents requested are enclosed.

_____ The documents will be made available upon payment of copying costs \$ _____.

_____ You may inspect the records at _____ on the date of _____.

Denied

_____ 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.

_____ 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 500 S. Second St., Springfield, IL 62705; 877-299-3642; public.access@ilag.gov

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 is preferred. Failure to use it may result in the request not being properly or promptly processed.

FOIA Officer Name: _____ Date of Reply _____

FOIA Officer Signature: _____