

**OPTIONAL FORM FOR  
ST. CHARLES PUBLIC LIBRARY DISTRICT  
ILLINOIS FREEDOM OF INFORMATION REQUEST**

**This form is provided as a courtesy and is not a requirement for making a request under the Freedom of Information Act.**

1. I hereby request the following public records pursuant to the Illinois Public Records Act:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Format requested

\_\_\_\_\_ Paper  
\_\_\_\_\_ Electronic (if available)  
\_\_\_\_\_ Other

3. I desire them for:

\_\_\_\_\_ Visual inspection only for a limited period under supervision.  
\_\_\_\_\_ Copying by Library Staff.  
\_\_\_\_\_ Certification by public official.

4. Is this request for a commercial purpose? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Is this request in the public interest? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. FEES are paid in advance herewith according to the following schedule:

- 1. Free: The first fifty (50) pages of letter or legal size black and white photocopies
  - 2. After the first fifty pages: 15¢ per page \$ \_\_\_\_\_
  - 3. Color photocopies and copies sized other than legal or letter size: 15¢ per page \$ \_\_\_\_\_
  - 4. Photocopies in public interest: 5¢ per page \$ \_\_\_\_\_
  - 5. Free: Electronic format if available
  - 6. Cost of electronic records such as disks, diskettes, tapes, will be charged at the actual cost of the recording medium \$ \_\_\_\_\_
  - 7. Certification: \$ 1.00 per certification \$ \_\_\_\_\_
- Total \$ \_\_\_\_\_

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Daytime Phone Number

=====

**RECEIPT**

- A. Request received and acknowledged: \_\_\_\_\_(Date)
- B. Fees received: \$ \_\_\_\_\_
- C. The response to this request will be provided by the following date: \_\_\_\_\_.