

MANHATTAN-ELWOOD PUBLIC LIBRARY DISTRICT Freedom of Information Request

Requestor's Name (or business name, if applicable)	Date of Request	Phone Number
Street Address	Certification Requested: <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
City	State	Zip

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"/> The documents will be made available upon payment of copying costs of \$_____. <input type="checkbox"/> You may inspect the records at _____ on the date 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: _____ <input type="checkbox"/> 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. 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.
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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 process.

FOIA Officer	Date of Reply:
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