



St. Charles Public Library

One South Sixth Avenue

St. Charles IL 60174

630-584-0076 ■ FAX 630-584-9262

scpld.org

**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: _____.