



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. Payment for reproduction or certification must be in cash or by certified check and must accompany the request for records, according to the following fee schedule:

- 1. The first fifty (50) pages of letter or legal size **black and white** photocopies are FREE
- 2. After the first fifty pages: 15¢ per page \$ _____
- 3. After the first fifty pages, photocopies in public interest: 5¢ per page \$ _____
- 4. All **color** photocopies **and** copies sized other than legal or letter size: 15¢ per page \$ _____
- 5. Free: Electronic format if available
- 6. Cost of electronic records such as a USB, 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

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RECEIPT

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