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: _____.