



**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:

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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 <b>black and white</b> 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 <b>color</b> photocopies <b>and</b> 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: \_\_\_\_\_.