



**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 **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
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\_\_\_\_\_

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: \_\_\_\_\_.