

## Bourbonnais Public Library District FREEDOM OF INFORMATION REQUEST

Requestor's Name (or business name if applicable)	Date of Request	Phone number
Street Address	Certification requested: _____ Yes      _____ No	
City	State	Zip code
Description of Records Requested		
<hr/> <hr/> <hr/>		
<b>Library Response (Requestor does not fill in below this line)</b>		
<b>A P P R O V E D</b>	<input type="checkbox"/> The documents requested are enclosed. <input type="checkbox"/> The documents will be made available upon payment of copying costs of \$ _____. <input type="checkbox"/> You may inspect the records at _____ on the date of _____.	
<b>D E N I E D</b>	<input type="checkbox"/> The request creates an undue burden on the public body in accordance with Section 3(f) of the Freedom of Information Act and we are unable to negotiate a more reasonable request.  <input type="checkbox"/> The materials requested are exempt under Section 7 _____ of the Freedom of Information Act for the following reasons: _____ _____ Individual(s) that determined request to be denied: _____ <input type="checkbox"/> Request delayed, for the following reasons (in accordance with 3(d) of the FOIA): _____. You will be notified by the date of _____ as to action taken on your request.	
<b>The information required by this form is MANDATORY in order to comply with 5 ILCS 140/1. Failure to so provide may result in tis form not being processed.</b>		
FOIA Officer:	Date of Reply	

Approved  
reviewed:

_____	_____
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_____	_____
_____	_____

revised:

_____	_____
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