

**Freedom of Information Request
PALATINE PUBLIC LIBRARY DISTRICT**

Date of Request		
Requestor's Name (or business name if applicable)		
Street Address		
City	State	Zip
Description of Records Requested (please be specific):		

Copy? (1 st 50 pages black & white free; thereafter \$.10/page) <input type="checkbox"/> Yes <input type="checkbox"/> No Color Copies? (\$.10/page) <input type="checkbox"/> Yes <input type="checkbox"/> No Certification Requested (\$1.00/page) <input type="checkbox"/> Yes <input type="checkbox"/> No Inspection Only? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Library Response (Requestor does not fill in below this line)		
APPROVED		
<input type="checkbox"/>	The documents requested are enclosed.	
<input type="checkbox"/>	The documents will be made available upon payment of copying costs \$_____	
<input type="checkbox"/>	You may inspect the records at _____ on the date of _____.	
DENIED		
<input type="checkbox"/>	The request creates an undue burden on the public body in accordance with Section 3(g) 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) who determined request to be denied:	

<input type="checkbox"/>	Request delayed, for the following reasons (in accordance with 3(e) of the FOIA):	

	You will be notified by the date of _____ as to the action taken on your request.	
The action may be appealed to Public Access Counselor for review within 60 working days. (Public Access Bureau, 500 S. 2 nd Street, Springfield, IL 62706; (217) 558-0486; publicaccess@atg.state.il.us).		

FOIA OFFICER:	Date of Reply:
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