

FREEDOM OF INFORMATION REQUEST

Date Requested:	
Name of Requester:	
Address:	
City/State/Zip:	
Telephone:	Email:
	used for commercial purposes: Yes No rmation Act to knowingly obtain a public record for commercial purposes without e.
I hereby request the following re	ecords: (Use reverse side if necessary, or attach separate sheet.)
	ply: records at the Des Plaines Public Library. the following records.
	lowing documents per fee schedule.
Requests can be submitted to:	foia@dppl.org
	OFFICE USE ONLY
	OFFICE USE ONLT
Date received:	_ Date Response due: (if no extension):
	Date due: (if extension):
Date Request filled:	Request filled by:

DES PLAINES PUBLIC LIBRARY – FREEDOM OF INFORMATION ACT

Note to Requestor: This form is designed to provide you with helpful guidance on how to submit a FOIA request to the Des Plaines Public Library. You do <u>not</u> need to use this form. You may submit a FOIA request in any written format that you choose. You should retain a copy of your FOIA request for your files.

Any person requesting records of the Des Plaines Public Library may make such a written request either by mail, personal delivery or email to:

Address: Des Plaines Public Library, 1501 Ellinwood Street, Des Plaines, IL 60016-4554

Email: foia@dppl.org

Fees:

- -The first 50 pages of black and white letter or legal sized copies no charge
- -Additional pages \$.15 per page
- -Color pages will be charged for actual cost of reproduction
- -Certification fee is \$1.00
- -If electronic format is requested, fee will be charged only for cost of the medium e.g. disc, diskette, etc.

"Request for Production of Records" Form may be used but is not required. May obtain from Administration.