



**THREE RIVERS 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

Description of Records Requested:

Is the reason for this request a "commercial purpose" as defined in the Act?
___ Yes _____ No

Library Response (Requestor does not fill in below this line)

A () The documents requested are enclosed.
P () You may inspect the records at _____
P on the date of _____.
R () The documents will be made available upon payment of copying
O costs of \$_____.
V () **For "commercial requests" only:** the estimated time of when the
E documents will be available is _____, at the prepaid
D costs stated above.

D () The request creates an undue burden on the public body in
E accordance with Section 3(g) of the Freedom of Information Act,
N and we are unable to negotiate a more reasonable request.
I () The materials requested are exempt under Section 7 _____ of the
E Freedom of Information Act for the following reasons:
D _____
Individual(s) that determined request to be denied and title: _____

In the event of a denial, you have the right to seek review by the Public Access Counselor at (217) 558-0486 or 500 S. Second St., Springfield, IL 62705

Or you have the right to judicial review under section 11 of FOIA.

- () 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.

NOTE: This form cannot be MANDATORY under FOIA, but it is preferred. Failure to use it may result in the request not being properly or promptly processed.

FOIA Officer _____

Date of Reply _____