

**FREEDOM OF INFORMATION ACT REQUEST**

Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Response Due Date (5 days after receipt date, 21 days for commercial): \_\_\_\_\_

Pursuant to the Illinois Freedom of Information Act (5 ILCS 140/1) *et seq*, a request is hereby made of the Village of Round Lake to provide the following documents (**enumerate with specificity the documents you are requesting**):

**IS THIS REQUEST FOR COMMERCIAL PURPOSES?**  YES  NO

**ACTION REQUESTED:**  COPIES  INSPECTION  FAX  EMAIL

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**INFORMATIONAL NOTES:** (1) Specific delineation or enumeration of the documents requested will simplify compliance and shorten the processing time for any requested document. (2) If the above request is for inspection; the requester will be supervised and will be required to maintain all documentation in its presented and complete condition. (3) **Payment must be made prior to releasing the copies, faxes or emails.** (4) The Village will respond or comply within 5 business days (21 days for commercial requests) and if more time is needed, requester will be notified. The requester will be notified in writing of any denial of a document request under the terms of the Freedom of Information Act.

**FEES:**

- COPIES (LETTER/LEGAL/LEDGER): FIRST 50 PAGES - N/C OVER 50 COPIES: \$0.15 per page
- LARGE FORMAT: blue prints \$0.10 a square foot i.e. 24x36 = \$0.60 cents; 36"x48"=\$1.20 (Actual cost to the Village, excluding personnel costs)
- DIGITAL COPIES/AUDIO TAPES/COLOR COPIES: Actual cost to the Village, excluding personnel costs
- CERTIFIED COPIES: \$1.00 per document in addition to copy charges
- ADDITIONAL COSTS: Cost of postage

Requesting Party's

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Party

\_\_\_\_\_  
Date

**ACTION TAKEN BY THE VILLAGE WITH REGARDS TO THIS REQUEST**

- |   |   |
|---|---|
| <input type="checkbox"/> COMPLIED WITH REQUEST                          | <input type="checkbox"/> REQUEST DENIED                             |
| <input type="checkbox"/> Unable to comply within five (5) business days | <input type="checkbox"/> Disclosure prohibited by State/Federal Law |
| <input type="checkbox"/> extend for 5 days*                             | <input type="checkbox"/> Disclosure invasion of privacy             |
| <input type="checkbox"/> Records kept in another location               | <input type="checkbox"/> Commercial purpose                         |
| <input type="checkbox"/> Volume of records/extensive search             | <input type="checkbox"/> Request too broad, need more information   |
| <input type="checkbox"/> Cannot locate/search continues                 | <input type="checkbox"/> Exempt from Act                            |
| <input type="checkbox"/> May be exempt                                  |   |
| <input type="checkbox"/> Need consultation with other entity            |   |

**\*If extension is needed, indicate date of notification to requester: \_\_\_\_\_ New Due Date: \_\_\_\_\_**

Total amount of copies: \_\_\_\_\_ X \$0.15= \_\_\_\_\_ (FIRST 50 ARE N/C)

Postage: \_\_\_\_\_ OTHER COSTS: \_\_\_\_\_ Grand Total: \_\_\_\_\_

Paid Date: \_\_\_\_\_ Paid by cash/check #: \_\_\_\_\_ Request fulfilled by: \_\_\_\_\_