FREEDOM OF INFORMATION REQUEST

Geneva Public Library District
127 James St.
Geneva, IL 60134
Phone (630) 232-0780   Fax (630) 232-0881

Use of this form is optional but may help to expedite the Library's response to a request

Date of request:________________________________________

Requester's Name (or business/organization name if applicable):
______________________________________________________

Phone:_________________________   Email:____________________

Street Address:___________________   City:____________________   State:_________   Zip:____________

Description of Records Requested: (attach additional pages if necessary)

______________________________________________________

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

Request received by:_____________   Date received:_____________

Approved:

_____ The documents requested are enclosed.

_____ The documents will be made available upon payment of copying cost $____

_____ You may inspect the records at________________________ on the date of

__________

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Denied:

_____ The request created an undue burden on the public body in accordance with Section

(g) of the Freedom of Information Act and we are unable to negotiate a more reasonable request.

_____ The materials requested are exempt under Section 7 ___________ of the Freedom

of Information Act for the following reasons: ____________________________

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Individual(s) the determined the request to be denied:___________________________

_____ Request delayed, for the following reasons (in accordance with 3(e) of the FOIA):

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You will be notified by the date of ________ as to the action taken on your request.

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FOIA Officer:_____________   Date of reply:_____________