

Stickney-Forest View Public Library District

FOIA Request Form

Retain a copy of this request for your files. Allow five business days for us to respond to a non-commercial request; we will respond to commercial requests within 21 business days.

Name and address of public body receiving request: **Stickney-Forest View Public Library District
4800. W. 43rd St., Stickney, IL 60402**

Date requested: _____

Request submitted by: ___ **Email** ___ **U.S. Mail** ___ **Fax** ___ **In Person**

Name of Requester (required): _____

Street Address (required): _____

City/State/County Zip (required): _____

Telephone/Email/Fax (optional): _____

Records Requested: (Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.)

Do you want copies of the requested records? **YES** or **NO**

--Do you want electronic copies or paper copies? _____

--If you want electronic copies, in what format? _____

Is this request for a commercial purpose? **YES** or **NO**

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. [5 ILCS140.3.1(c)]).

Are you requesting a fee waiver? **YES** or **NO**

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. [5 ILCS 140/6(c)]).