HOMER TOWNSHIP PUBLIC LIBRARY DISTRICT

14320 West 151st Street • Homer Glen, Illinois 60491

708-301-7908 Fax 708-301-4535

FREEDOM OF INFORMATION REQUEST

Requestor's Name (or business name, if applicable)			Date of Request	Phone number		
Stre	et Address	8	Certification requested:			
			Yes	No		
City	7	State	Zip Code			
Ema	ail					
Des	cription of	F Records Requested:				
Is the reason for this request a "commercial purpose" as defined in the Act? YesNo						
	Library Response (Requestor does not fill in below this line)					
A P	()	The documents requested are enclose You may inspect the records at	rds at on			
P R O V E D	()	the date of The documents will be made availab For "Commercial Requests" only: available is,	le upon payment of co The estimated time wh	hen the documents will be		
	()	The request creates an undue burden Section 3(g) of the Freedom of Infor- reasonable request.				
D E N	()	of the Freedom of				
I E 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 877-299-3642 or 500 S. Second St., Springfield, IL 62701, or you have the Right to judicial review under section 11 of FOIA.				
	()	Request delayed, for the following re FOIA): You will b taken on your request.	easons (in accordance v			

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	