

HARVEY PUBLIC LIBRARY DISTRICT

15441 Turlington Avenue
Harvey, IL 60426

708-331-0757
FAX 708-331-5060

FOIA REQUEST

Date Requested: _____

Request Submitted By: _____

Name of Requester: _____

Requester Address: _____

City/State/County/Zip: _____

Telephone (Optional): _____ Fax (Optional): _____

E-mail (Optional): _____

Record(s) Requested: *Provide as much specific detail as possible so the Library can identify the information that you are seeking. You may attach additional pages if necessary.*

Do you want copies of the documents? YES or NO

Do you want Electronic Copies or Paper Copies*? _____

If you want Electronic Copies, in what format? _____

**Paper copies are 10 cents per page.*

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 ILCS 140.3.1(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)).