

HIGHLAND PARK PUBLIC LIBRARY

Form 204 **Request for Public Records**

Purpose: For use by all persons who wish to inspect or copy public records held by the Library, per Library Policy 204 Freedom of Information Act (FOIA).

Instructions

1. In Section A, describe in detail the public records you wish to access; check the corresponding space to the right to indicate whether you request to inspect the records or to have them copied, and if copied whether certified. Use a separate sheet if necessary.
2. By submitting this request, you agree to pay the Library the applicable fees described in Section B, in advance of receiving any copies.
3. If asked, the Library Executive Director may waive or reduce fees if your FOIA request's purpose is primarily to benefit the public and you will receive no significant personal or commercial benefit, as required by FOIA Section 6(c). If you wish to apply for a waiver or reduction of fees, check the line in paragraph 3 of Section B, separately sign where indicated right under the paragraph, and the FOIA Officer will schedule you for interview with the Executive Director.
4. In Section C, indicate whether your request is for commercial or non-commercial purposes.
5. If you wish the Library to deliver copies of records by mail, complete Section D and separately sign it. Payment of postage is required in advance of mailing.
6. In Section E, provide your name, the name of the person for whom you make the request (if different), and your contact information for communications concerning your request and to where responsive records should be sent.
7. In Section F, sign your request, acknowledging that all of the information you provide is true and accurate. All requests for records must be signed.

Form to complete, sign, and return to:

FOIA Officer, Highland Park Public Library
494 Laurel Avenue, Highland Park, Illinois 60035

Email: Library-Administration@hplibrary.org Fax: (847) 681-7021

A. Request for Records

I hereby request to inspect or obtain copies of the following public records:

Description	inspect	copy	certify
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach additional pages if necessary)

B. Fees

1. Unless a waiver is requested and approved, I agree to pay the following fees in advance
 - a) Copies – black and white, letter or legal sized
 - 1) First 50 pages (sides of a leaf) Free
 - 2) Each additional page \$0.15
 - 3) Certification \$1.00 per page
 - b) Color or non-standard size copies Actual Cost
 - c) Electronic copies Actual Cost of the medium
 - d) Mailing Cost of postage

2. I further acknowledge and agree that, if the services of an outside vendor are required to fulfill the request, I shall pay in advance the estimated costs of such services and, upon fulfillment, the balance (if any) of the actual costs incurred.

3. *Waiver Request:* Check here if you also request a waiver or reduction of fees, and sign where indicated to acknowledge that you agree to an interview by the Library Executive Director to determine if the principal purpose of your request is in the general public interest and not primarily for personal or commercial benefit, as required by FOIA Section 6(c).

Signature for fee waiver request

C. Purpose: Commercial or Non-Commercial?

The purpose for my request is (check one):

___ Commercial

___ Non-Commercial

(Note: It is a violation of FOIA Sect. 3.1(c) for a person knowingly to obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose).

D. Request for Mail Delivery

Check here ___ if you also request that the Library mail to you the requested copies of public records responsive to your request, check which method – Standard ___ Priority ___ Overnight ___, and sign where indicated to acknowledge that you agree to pay, in advance, the actual postage which will be due.

Signature for mail delivery request

E. Identification of Requestor

1. Name:

2. Name of person for whom you request the records (if not the same):

3. Address (city, state, zip code) for communications and responses:

4. Telephone Numbers of Requestor:

Day: _____

Evening: _____

5. E-mail Address :

F. Return of form

Return your completed form to the Library FOIA Officer at the address indicated both above and here, either in person, by mail or any other delivery service, by fax, or by email.

1. Address: FOIA Officer
Highland Park Public Library
494 Laurel Avenue, Highland Park, Illinois 60035
2. Fax: (847) 681-7021
3. Email: Library-Administration@hplibrary.org

NOTE: If returning via email, write "FOIA REQUEST" in the email's subject line, in all capital letters.

G. Signature of Requestor

By signing this Request, I acknowledge and represent that I have reviewed and understand the Highland Park Public Library Policy 204 Freedom of Information Act (FOIA), that I have read the instructions on page one of this Form 204, and that all of the information provided in support of this request is true and accurate.

Signature of Requestor

Date

NOTE: Use of this Form 204 is not mandatory under the FOIA, but it is preferred. Not using it may inadvertently cause delay or mistakes in processing.

NOTE ALSO: This and all other forms of communication you send to the Library become public records under the FOIA and potentially subject to release.

FOR LIBRARY USE ONLY

Received by the Highland Park Public Library on:

Date: _____ Time: _____

Method of Delivery:

- _____ Personal Delivery during Business Hours
- _____ Personal Delivery after Business Hours
- _____ Mail (USPS, FedEx, UPS, DHL, etc.) during Business Hours
- _____ Mail (USPS, FedEx, UPS, DHL, etc.) after Business Hours
- _____ Email
- _____ Fax

Library employee receiving request:

Name: _____ Title: _____

Signature: _____

Response Due: _____ (Five Working Days after day of receipt (if extended, ten working days); or twenty-one working days for commercial requests)

FOIA Officer responsible for processing response:

Name: _____ Title: _____

Reviewed and revised April 12, 2022
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