

FREEDOM OF INFORMATION REQUEST

Geneva Public Library District
227 S. Seventh St.
Geneva, IL 60134
Phone (630) 232-0780

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
_____.

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: _____

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

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

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

FOIA Officer: _____

Date of reply: _____