

HELEN M. PLUM MEMORIAL PUBLIC LIBRARY DISTRICT

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FREEDOM OF INFORMATION ACT REQUEST

Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

**IF THE REQUESTOR CHOOSES NOT TO COMPLETE THIS FORM,
LIBRARY STAFF SHOULD COMPLETE IT ON HIS/HER BEHALF,
AND CHECK HERE TO SHOW IT WAS AN ORAL REQUEST**

Name and Address of Public Body Receiving Request: **Helen M. Plum
Memorial Public Library District**

Date Requested: _____

Request Submitted By:

E-mail U.S. Mail Fax In Person

Name of Requester:

Street Address (required):

City/State/County Zip (required):

(see reverse)

Telephone (Optional): _____

E-mail (Optional): _____

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 documents? 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 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)).

RETURN THIS COMPLETED FORM TO THE FREEDOM OF INFORMATION ACT OFFICER

rev 11/26/10