

**OPTIONAL FORM FOR
GRAVES-HUME PUBLIC LIBRARY DISTRICT
ILLINOIS FREEDOM OF INFORMATION REQUEST**

This form is provided as a courtesy and is not a requirement for making a request under the Freedom of Information Act.

1. I hereby request the following public records pursuant to the Illinois Public Records Act:

2. Format requested

- Paper
 Electronic (if available)
 Other

3. I desire them for:

- Visual inspection only for a limited period under supervision
 Copy by Library Staff
 Certification by public official

4. Is this request for a commercial purpose? Yes No

5. Is this request in the public interest? Yes No

6. FEES are paid in advance herewith according to the following schedule:

1. Free: The first fifty (50) pages of letter or legal size black and white photocopies
2. After the first fifty pages: 25 cents per page. \$ _____
3. Color photocopies and copies sized other than legal or letter size: \$1.00 per page. \$ _____
4. Photocopies in public interest: 15 cents per page \$ _____
5. Free: Electronic format if available.
6. Cost of electronic records such as disks, diskettes, tapes, flash drives, will be charged at the actual cost of the recording medium.
\$ _____
7. Certification: \$1.00 per certification \$ _____

Total \$ _____

Signed

Address

City State Zip

Daytime Phone Number

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RECEIPT

- A. Request received and acknowledged: _____ (Date)
- B. Fees received: \$ _____
- C. The response to this request will be provided by the following date: _____