

# FREEDOM OF INFORMATION REQUEST

**Itasca Community Library**  
500 W. Irving Park Road  
Itasca, IL 60143  
Phone: 630-773-1699 Fax: 630-773-1707

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

*(Requester 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 3 (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) that 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:**

\_\_\_\_\_

