

To: FOIA Officer
Village of Spring Grove
7401 Meyer Road
Spring Grove, Illinois 60081-9625

Date: _____

I. **Identification of Requestor**

Name of Requestor: _____

Company Name (if applicable): _____

Address for Responses, Decisions, and Communications:

Telephone Number: _____

Fax Number: _____

Email Address: _____

II. **Request for Records**

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

Records Requested	inspect	copied	certified
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. **Purpose of Request**

I am requesting access to the public records identified in Section II for the following purpose:

- Noncommercial Purpose
- Commercial Purpose

A “commercial purpose” is defined under the Act as the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services. Please be advised that misrepresentation of the purpose of a Request is a violation of the Act.

IV. Signature of Requestor

The Public Body will disclose the public records requested on this Request Form within five working days after the receipt of this Request Form (or 21 days for a Commercial Purpose Request), unless the time period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefore. A denial may be appealed to the Public Access Counselor within 60 working days after the date of the Notice of Denial. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq.* For more detailed information, please consult the Public Body's FOIA Policy, which is available from the FOIA Officer.

By signing this Request, I acknowledge and represent that I have reviewed and understood the Public Body's FOIA Policy and that all of the information provided in support of this request is true and accurate.

Signature of Requestor

V. Agreement to Pay Fees

- A. There will be no charge for the first 50 pages of letter or legal size black and white copies for a Requestor, except for Requests for commercial purposes. However, if the services of an outside vendor are required to copy any public record, reasonable charges that the Public Body incurs in connection with such copying services will be due.

Unless a waiver is requested and approved pursuant to Section B of this Section, I agree to pay the following fees for all public records copied or certified at my request:

1.	Copies — letter or legal	--	\$.15 per side.
2.	Copies — color or oversize	--	Actual cost of reproduction.
3.	Certification	--	\$1.00 per document plus copy cost.
4.	Recording media	--	Actual cost of media (i.e. computer media, disks, tapes, or other media).
5.	Statutory Fees	--	Rate authorized by statute.
6.	Mailing	--	Actual cost of postage.

- B. **Waiver Request:** I request a waiver of the fees set forth in Section A of this Section, and, in support of such request, I certify and represent that I will gain no significant personal or commercial benefit from the records requested and that my principal purpose in making this request is to benefit the general public by disseminating information concerning the health, safety, welfare, or legal rights of the general public in the following specific manner:

Signature of Requestor

