

Eisenhower Public Library District
Freedom of Information Act Request
4613 N Oketo Ave.
Harwood Heights, IL 60706



Date Requested: _____

Request Submitted by: ____Email ____U.S. Mail____Fax____In Person

Name of Requester: _____

Street Address: _____

City/State/Zip: _____

Telephone (Optional):

Email (Optional):

Fax (Optional):

Records Requested: *Provide as much specific detail as possible so the Library 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 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

Except when a fee is otherwise fixed by statute, no fees will be charged for the first 50 pages of black and white, letter or legal sized copies requested by the requester.

(If you are requesting that the Library waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principle 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)).