

VILLAGE OF CARBON HILL

To: FOIA Officer
Village of Carbon Hill
695 N. Holcomb St.
Carbon Hill, IL 60416

Date: _____

I. Request for Records

Describe in detail the public records that you wish to inspect or to have copied. Use a separate sheet if necessary. Indicate whether you wish only to inspect the public records at the Village Hall or to have the public records copied by checking the appropriate box to the right of each record described.

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

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

II. Agreement to Pay Fees

By submitting this Request Form, you are agreeing to pay the Village, in advance of receiving copies of any public records, the copying fees set forth in Section II below. The fees set forth in Section II may be waived by the FOIA officer only upon proof that the purpose of your request is primarily to benefit the general public and that you will receive no significant personal or commercial benefit from your request. If you wish to be considered for a waiver or reduction, you must complete and separately sign the statement set forth in Section B of Section II.

A. 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 at my request.

1. Copies--letter size -- \$.15 per side.
2. Copies--color, oversize, cd -- Actual cost of reproduction.
3. Mailing -- Actual cost of postage.

However, there will be no charge for the first 50 pages of letter size black and white copies for a Requestor, except for commercial purposes. I further acknowledge and agree that, if the services of an outside vendor are required to copy any public record, I will pay the actual charges that the Village incurs in connection with such copying services.

B. 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

III. Purpose of Request

Indicate the purposes for which you are requesting the public records identified in Section I.

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

- 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 or 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. Request for Mail Delivery

If you wish to request mailing of the requested records, you must complete and separately sign the statement set forth in Section IV.

I request that the Village mail to me at the address set forth in Section V below copies of all public records responsive to this request. I understand that I will be required to, and do hereby agree to, pay the actual postage for such mailing before the records will be mailed.

Signature of Requestor

V. Identification of Requestor

You must provide the information requested in Section V.

- A. Name of Requestor: _____
- B. Name of person for whom records are being requested (if not Requestor):

- C. Address for Responses, Decisions, and Communications:

D. Telephone Numbers of Requestor:

Day: _____

Evening: _____

VI. Signature of Requestor

You must sign the statement set forth in Section VI.

By signing this Request, I acknowledge and represent that I have reviewed and understood the information provided in support of this request is true and accurate.

Signature of Requestor

Date

The Village will disclose the public records requested on this Request Form within five working days after the receipt of this Request Form unless the time period is extended as provided by law or the request is denied. All extensions and denials will be done in writing and will state the reason therefor. 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 VILLAGE USE ONLY

Received by the Village: Date _____ Time: _____

Response Due: _____ (Five working days after day of receipt)

Method of Delivery:

- Personal Delivery
- Email
- Mail
- Other _____

Village employee receiving request:

Name: _____ Title: _____

Signature: _____