

Form FOI1: Request for Public Records

From:

Name: _____

Address: _____

Phone Number: _____

To:

Freedom of Information Officer

Freeport Public Library

100 East Douglas Street

Freeport, IL 61032

(815) 233-3000

Description of Requested Records:

Please indicate if you wish to inspect the above-captioned records or wish for a copy of them:

____ Inspection

____ Copy

____ Both

Do you wish to have copies certified?

____ Yes

____ No

FOR OFFICE USE ONLY

Date Received

Date Response Due

Important: Schedule of Fees Below

- Paper copy from paper original: \$.15 each per 8 ½ x 11 sheet/possibly different charges for different sizes of paper.
- Computer printout-paper: \$.15 each 8 ½ x 11, \$.30 each 11 x 14.
- Photographic prints: As charged by film processor with different charges for different sizes.
- Certification of Copy: \$3.00 each certification.

Some records that the library owns are in book, pamphlet, or other odd forms.
An additional charge may be assessed for such materials.