Form FOI1

Freeport Public Library
Request for Public Records

To: Freedom of Information Officer

Freeport Public Library
314 West Stephenson Street
Freeport, IL 61032
(815) 233-3000

From: _____
Name

_____
Address

_____

_____
Phone Number

Description of Requested Record(s):

Please indicate if you wish to inspect the above captioned records or wish 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

<u>Important: Schedule of Fees Below</u>

•<u>Paper copy from paper original</u>: $.15 each per 8 ½ x 11 sheet/possibly different charges for different sizes of paper.

•<u>Computer printout-paper</u>: $.15 each 8 ½ x 11, $.30 each 11 x 14.

•<u>Photographic prints</u>: As charged by film processor with different charges for different sizes.

•<u>Certification of Copy</u>: $3.00 each certification.

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