

**Maywood Public Library District  
Freedom of Information Act Request**

**Date of Request:** \_\_\_\_\_

Policy 20.00 FOIA

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Mailing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Requestor's organization or business name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Description of Records Requested** (Any patron requesting public records of the Maywood Public Library District under the Illinois Freedom of Information Act, 5 ILCS 140/1 as amended by Public Act 96 – 542, effective January 1, 2010, must make such request in writing and clearly describe the related documents that he/she would like. Within five (5) business days of receipt of written request, the Library will respond with the information requested)

\_\_\_\_\_  
\_\_\_\_\_

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**Fees – Type of Request:**

Commercial Use Request \_\_\_\_\_ News Media, Education Request \_\_\_\_\_ Other Requesters \_\_\_\_\_

**The information required by this form is MANDATORY in order to comply with 5 ILCS 140/1. Failure to use it may result in the request not being properly or promptly processed.**

**Fees – Authorization:**

If there are any fees for searching or copying these records, please inform me before filling my request  
First 50 pages of black and white, letter or legal paper are free. Any additional copies is \$.15 per page.

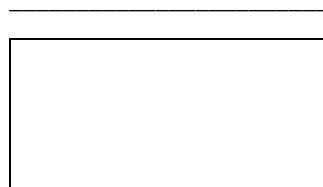
**Please select one - I would prefer to be contacted by: Email \_\_\_\_\_ Mail \_\_\_\_\_ Phone \_\_\_\_\_**

**(FOR DEPARTMENT USE ONLY)**

**RESPONSE:**

**Records made available: Date: \_\_\_\_\_ Copies made: \_\_\_\_\_ Number: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_**

**Request denied and reason: \_\_\_\_\_**



**Date Stamp Receipt**