

**VERNON AREA PUBLIC LIBRARY DISTRICT  
FREEDOM OF INFORMATION REQUEST**

Requestor's Name (or business name, if applicable)	Date of Request	Phone number
Street Address	Certification requested: _____ Yes                      _____ No	
City	State	Zip
Description of Records Requested: _____ _____		
Is the reason for this request a "commercial purpose" as defined in the Act?    ___ Yes    ___ No		
<i>Library Response (Requestor does not fill in below this line)</i>		
A P P R O V E D	<input type="checkbox"/> The documents requested are enclosed. <input type="checkbox"/> You may inspect the records at _____ on the date of _____. <input type="checkbox"/> The documents will be made available upon payment of copying costs of \$ _____. <input type="checkbox"/> <b>For "commercial requests" only:</b> the estimated time of when the documents will be available is _____, at the prepaid costs stated above.	
D E N I E D	<input type="checkbox"/> The request creates an undue burden on the public body in accordance with Section 3(g) of the Freedom of Information Act, and we are unable to negotiate a more reasonable request. <input type="checkbox"/> The materials requested are exempt under Section 7 _____ of the Freedom of Information Act for the following reasons: _____ _____ Individual(s) that determined request to be denied and title: _____ _____ In the event of a denial, you have the right to seek review by the Public Access Counselor at (217) 558-0486 or 500 S. Second St., Springfield, IL 62705 Or you have the right to judicial review under section 11 of FOIA. <input type="checkbox"/> Request delayed, for the following reasons (in accordance with 3(e) of the FOIA): _____. You will be notified by the date of _____ as to the action taken on your request.	

**NOTE: This form cannot be MANDATORY under FOIA, but it is preferred. Failure to use it may result in the request not being properly or promptly processed.**

FOIA Officer	Date of Reply
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