

Date Received: _____
(For office use only)

FREEDOM OF INFORMATION RECORDS REQUEST FORM

PLEASE COMPLETE THE REQUEST PART OF THIS FORM AND RETURN TO:

DEPUTY VILLAGE CLERK
VILLAGE OF ALGONQUIN
2200 HARNISH DRIVE
ALGONQUIN, IL 60102
Fax: (847) 658-4564 email: FOIA@algonquin.org

CONTACT INFORMATION: *(please print clearly)*

Name : _____

Company Name: _____

Address: _____

City, State Zip: _____

Email address: _____

Phone: (____) _____ Fax (____) _____

DETAILED DESCRIPTION OF RECORD(S) REQUESTED: Please note if waiver of fees is being requested and justification.

Will the records disclosed in the this request be used for commercial purposes? Y N

It is in violation of this Act to knowingly obtain records for commercial purposes without disclosing your intent.

INSPECT RECORDS? Y N **COPY OF RECORDS** Y N **CERTIFIED** Y N

NOTE: There will be a copy charge of 10 cents per black & white page after 50 pages per requestor and color pages 18 cents (not to exceed 11X17) . Pages larger than 11X17 (i.e. Plans, Plats, etc.) will be charged \$3.00 per page , certification \$1.00 per document, CD \$2.00 per CD.

Unless a waiver of fees is requested and approved, I agree to pay all applicable fees as stated above. By submitting this request, I acknowledge and represent that I have reviewed and understood the Freedom of Information Act guidelines and that all information provided in support of this request is true and accurate.

Please complete the following upon receipt of document(s)

I, _____, have received/inspected the above mentioned documents.
Print Name

Signature: _____ Date: _____

NOTE: This FOIA records request form is subject to the provisions of the Illinois Freedom of Information Act upon being filed with the Village of Algonquin.

FREEDOM OF INFORMATION RECORDS RETURN FORM

To be completed by Village personnel and returned to the Village FOIA Officer

ACTION TAKEN:

COMPLIANCE WITH REQUEST

UNABLE TO COMPLY WITHIN FIVE (5) BUSINESS DAYS DUE TO THE FOLLOWING REASON(S):

Requested records have been supplied to the same person previously and no changes have been made since the last request.

Request is unduly burdensome and the request needs to be narrowed.

Requested records do not exist or not maintained by V of A

There is a need for consultation prior to release of requested records

PARTIAL COMPLIANCE: Pursuant to the Illinois Freedom of Information Act 5ILCS140/8, certain material contained within the original request has been deleted or omitted because the material was found to be exempt as per state statute.

REQUEST DENIED:

REASON FOR DENIAL:

The request is too broad and compliance would disrupt the duly undertaken work of the Village.

The record(s) requested are specifically exempted under the following provision(s) of the Illinois Freedom of Information Act based upon the following factual basis:

APPEAL: Pursuant to the Freedom of Information Act, a person who believes that a violation of the Act by a public body has occurred may file a request for the review with the Public Access Counselor established in the Office of the Attorney General not later than 60 days after the alleged violation. The request for review must be in writing, must be signed by the requester, and must include a summary of the facts supporting the allegation. Send request's to Public Access Bureau, 500 S. 2nd Street, Springfield, IL 62706. The Public Access Bureau can be reached at 217/558-0486 . At that time the Public Access Officer will notify the requestor of their findings. An appeal may also be made to the McHenry County 22nd Judicial Circuit Court.

PERSON RESPONSIBLE FOR COLLECTION OF RECORDS:

Name & Title _____ Date: _____

PERSON RESPONSIBLE FOR DECISION TO DENY REQUEST:

Name & Title _____ Date: _____

PERSON COMPLETING THIS FORM:

Name & Title _____ Date: _____

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Copies _____ Black & White x 10 cents _____ Color x 18 cents	Charges: _____
11 x 17 or larger _____ x \$3.00	Charges: _____
Certified _____ \$1.00 CD _____ x \$2.00	Charges: _____
Postage _____	Charges: _____
Total Charges: _____	