



Sandwich Public Library District

925 S Main Street | Sandwich, IL 60548
815.786.8308 | www.sandwichpld.org

Freedom of Information Act

The following are instructions on how to file a Freedom of Information Act (FOIA) request with Sandwich Public Library District:

1. Please make your request for records in writing. The Sandwich Public Library District does not require the completion of a standard form for this purpose. You may submit your written request by mail, fax, or email. Please direct your request to:

FOIA Officer
Sandwich Public Library District
925 South Main Street
Sandwich, Illinois 60548
Email: foia@sandwichpld.org
Fax: 815-786-9231

2. Please be as specific as possible when describing the records you are seeking. Remember, the Freedom of Information Act is designed to allow you to inspect or receive copies of records. It is not designed to require a public body to answer questions. To the extent that you wish to ask questions of a representative of the Sandwich Public Library District, you may call the Library's Administrative Office at 815- 786-8308, to be directed to the proper person.

3. Please tell us whether you would like printed or electronic copies of the requested records, or whether you wish to examine the records in person. You have the right to either option.

4. There is no fee for up to 50 pages of standard paper copies. For pages beyond 50, there is a 15¢ per page charge.

5. The Library has up to five business days (Mondays through Fridays, unless a federal holiday) or twenty-one business days, depending upon the purpose of the request, to respond.

6. Requests of information for commercial purposes must be identified as such.

7. You are permitted to ask for a waiver of copying fees. To do so, please include the following statement (or a similar statement) in your written FOIA request: "I request a waiver of all fees associated with this request." In addition, you must include a specific explanation as to why your request for information is in the public interest—not simply your personal interest—and merits a fee waiver.

8. Please include your name, preferred telephone number(s), mailing address, and, if you wish, your electronic mail address.

Sandwich Public Library District Freedom of Information Act Request

This is a request for information under the Illinois Freedom of Information Act, 5 ILCS 140.

I request that a copy of the following documents/or documents containing the following information be provided to me:

I would like to inspect these records in person.

I would like electronic copies of these records.

I would like to obtain copies of these records.

I understand that the Act permits a public body to charge a reasonable copying fee not to exceed the actual cost of reproduction and not including the costs of any search or review of the records for more than fifty pages of material. 5 ILCS 140/6.

I am willing to pay fees for this request up to a maximum of \$_____.
If you estimate that the fees will exceed this limit, please inform me first.

I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest.

As required by the Act, 5 ILCS 140(3), this request will be responded to within five days or twenty-one days for commercial purposes.

Signed

Date

Name:

Address:

City, State, Zip Code:

Phone:

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