VILLAGE OF LIBERTYVILLE
FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

Date Received: _____

Comply By:_____
Five (5) Business Days

Requester Name: _____ Day Telephone: _____

Company/Organization: _____

Address: _____ Email: _____

Records Requested: (Please be specific, include approximate date range, record type, etc.)

_____

_____

_____

Are you asking for these records for commercial purposes? ☐ Yes ☐ No

☐ Please indicate the format in which you would like the Village to respond: (Please Check)
I will inspect these records at the Village offices, during the regular business hours (posted at www.libertyville.com), after you notify me that they are ready for inspection.

☐ I request electronic copies be sent to the email address above if possible or be referred to the Village website.

☐ I request hard copies of these records. I agree to pay the fees (if any) for copies as set by the fee schedule below, prior to receiving the copies.

(a) Black and white, letter or legal size copies: There is no charge for providing the initial 50 pages, after which the cost will be $.15 per page.
(b) Color or Irregular Sized Copies: The fee for color or irregular sized copies shall be the actual cost incurred by the Village for reproducing the records.
(c) Certification of document: The fee for certification of a document shall be $1.00.
(d) Records in Electronic Format: The fee charged for producing records in an electronic format shall be the actual cost incurred by the Village for purchasing the recording medium.

☐ I request certification of the copies provided. I agree to pay $1.00 for each document certified, which is in addition to duplication fees (if any).

_____
Signature of Requester

(FOR VILLAGE OFFICE USE ONLY)

Date Complied with: _____No. of copies made: _____ Time taken to fill: _____

1st written response due date: _____ Nature of 1st response: □ Notification of 5 day extension

□ Notification of date when records will be available (Commercial only) □ Notification of fees due/ documents ready date

□ Delivery of requested records □ Notice of Intent to Deny [7(1)(c) or 7(1)(f)] □ Notification of denial

If additional extension agreed in writing, new due date is: _____ (attach correspondence)

Fees: $ _____ Date paid: _____

Record delivery date/ denial date: _____ □ Viewed, □ Picked up, □ Mailed, □ E-mailed, □ Denial notice sent

Reason for denial: _____

Notes: