

**WESTCHESTER PUBLIC LIBRARY**  
10700 Canterbury St; Westchester, IL 60154  
(708) 562-3573

**FREEDOM OF INFORMATION ACT REQUEST FORM**

I hereby request permission to gain access to the following records: Describe in detail using the reverse side of this form if necessary:

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

Check which of the following apply:

- I will inspect these records at the Library. I realize that personal access is available only by appointment and only between the hours of 9:30 AM and 5:00 PM, Monday through Friday, excepting legal holidays.
- I request copies of the foregoing records and agree to pay the charges for copying as set forth in Section 140/6 of the FOIA. I agree to make this payment in advance, if requested, prior to copies being made. I further agree to retrieve said photocopies from the Library, during normal business hours, or I will request that they be mailed to me.

Is this request for commercial purposes? Yes or No

I understand all payments must be in cash or check payable to the Westchester Public Library, whether in advance or at the time copies are received. I further understand that the Library is authorized to charge me a fee of \$20.00 for any check returned unpaid by the financial institution it is drawn upon.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

**Staff Use Only:**

Date Request Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Response Due: \_\_\_\_\_

Records: ( ) Mailed On \_\_\_\_\_

( ) Picked up on: \_\_\_\_\_ Approved By: \_\_\_\_\_

( ) Viewed : \_\_\_\_\_ Date: \_\_\_\_\_