

**To: Clerk  
Village of Round Lake Beach  
1937 N. Municipal Way  
Round Lake Beach, Illinois 60073**

**I. Request for Records**

I hereby request the right to inspect, or to obtain copies or certified copies of, the following public records of the Village:

Records Requested \_\_\_\_\_ inspect \_\_\_\_\_ certified copied \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Agreement to Pay Fees**

A. Unless a waiver is requested and approved pursuant to Section B of this Section, I agree to pay the following fees for all public records copied or certified at my request:

- |    |                            |    |   |
|----|----------------------------|----|---|
| 1. | Copies — 8 ½ x 11          | -- | \$ .25 per side   |
|    |                            | -- | \$.50 per page for computer printouts                                 |
|    |                            | -- | \$5.00 - \$25.00 electronic media<br>(computer media and audio tapes) |
| 2. | Copies — Oversize          | -- | actual cost for reproduction  |
| 3. | Certification<br>certified | -- | \$1.00 per individual page or \$5.00 for<br>copies of pamphlets       |
| 4. | Mailing                    | -- | cost of postage   |

I further acknowledge and agree that, if the services of an outside vendor are required to copy any public record, I will pay the actual charges that the Village incurs in connection with such copying services.

B. I request a waiver of the fees set forth in Section A of this Section, and, in support of such request, I certify and represent that I will gain no significant personal or commercial benefit from the records requested and that my principal purpose in making this request is to benefit the general public by disseminating information concerning the health, safety, welfare, or legal rights of the general public in the following specific manner:

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

\_\_\_\_\_  
Signature of Requestor

**III. Purpose of Request**

I am requesting access to the public records identified in Section I for the following purpose:

Research Personal Information

Commercial Use

News Coverage

Other:(Please Specify) \_\_\_\_\_

**IV. Request for Mail Delivery**

I request that the Village mail to me at the address set forth in Section V below copies of all public records responsive to this request. I understand that I will be required to, and do hereby agree to, pay the actual postage for such mailing before the records will be mailed. It would be unduly burdensome for me to pick up the requested records at the Village Office because

\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

**V. Identification of Requestor**

A. Name of Requestor: \_\_\_\_\_

B. Name of person for whom records are being requested (if not Requestor):

\_\_\_\_\_

C. Address for Responses, Decisions, and Communications:

\_\_\_\_\_

\_\_\_\_\_

D. Telephone Numbers of Requestor:

Day: \_\_\_\_\_

Evening: \_\_\_\_\_

**VI. Signature of Requestor**

By signing this Request, I acknowledge and represent that I have reviewed and understood the Village's FOIA Policy and that all of the information provided in support of this request is true and accurate.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

**THE VILLAGE WILL RESPOND TO OR DENY A REQUEST WITHIN SEVEN WORKING DAYS  
AFTER IT'S RECEIPT**

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**FOR VILLAGE USE ONLY**

Received by the Village      Date: \_\_\_\_\_ Time: \_\_\_\_\_

Response Due: \_\_\_\_\_ (Seven Working Days after day of receipt)

Method of Delivery:

Personal Delivery during Business Hours

Personal Delivery after Business Hours

Mail/Courier/Fax Delivery during Business Hours

Mail/Courier/Fax Delivery after Business Hours

Village employee receiving request:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

DIST.LIST: Date: \_\_\_\_\_ Extension Notice sent: \_\_\_\_\_ Denial Letter sent \_\_\_\_\_

Cc MAYOR  
ADMINISTRATOR  
ATTORNEY