VILLAGE OF DAVIS JUNCTION REQUEST FOR PUBLIC RECORDS

To:	Villa 106 N Davis	A Office ge of Da N. Elm S s Junction rk@dav	avis Juno Street on, IL 62	1020	Date:				
I.	copie the p check	ed or cer oublic re	tified. cords a appropr	Use a separate sheet if	f necess e or to	lic records that you wish to inspect or to have ary. Indicate whether you wish only to inspect have the public records copied or certified by cord described. inspect copied certified			
II.		ving cop				equest Form, you agree to pay in advance of ag and certification fees set forth in Section II			
	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.	Copie	s — letter or legal		\$.15 per side			
		2.	Copie	s — color or oversize		Actual cost of reproduction			
		3.	Certif	Certification		\$1.00 per document plus copy cost			
		4.	Mailiı	ng		Actual cost of postage			
		5.	Commercial Requests						
			a.	Personnel Fee		\$10.00 per hour over 8 hours			
			b.	Offsite Storage Retrie	eval	Actual cost			
		6.	Electronic Records (Voluminous Requests only)						
			a.	Records not in PDF f	format:				
			0 0 0	up to 2 MB of data - \$20.00 more than 2 MB but less than 4 MB of data - \$40.00 more than 4 MB - \$100.00					
			b.	Records in PDF form	nat:				
			0 0	up to 80 MB of data more than 80 MB but more than 160 MB -	t less th	an 160 MB of data - \$40.00			

However, there will be no charge for the first 50 pages of letter or legal size black and white copies for a Requestor, except for Requests for commercial purposes or voluminous requests.

		Requestors wishing to use their own media storage devices (e.g. disc, CD, USB, or other flash drives) for electronic records requests are asked to include that media storage device with their FOIA request form, or indicate that you will be delivering a media storage device to Village Hall that you want the Village to use for your request. If you do not provide a media storage device or indicate that you will be providing one, the Village will provide it to you at the Village's cost, as permitted under Sec. 6 of the Freedom of Information Act, 5 ILCS 140/6.								
	В.	I request a waiver of the fees. (IF APPLICABLE) In support of my request, I certify and represent that I will gain no significant personal or commercial benefit from the records requested and that my principal purpose 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.	Purn	ose of Request Indicate the purposes for your request for public records:								
111.	<u>r ur p</u>	Noncommercial Purpose								
		Commercial Purpose								
	inforr adver the A									
IV.		dest for Mail Delivery (IF APPLICABLE) I request that copies of the requested records be and agree to pay the actual postage in advance.								
		Signature of Requestor								
V.	Ident	tification of Requestor You must provide the information requested in Section V.								
	A.	Name of Requestor:								
	B.	Address:								
	C.	Telephone Number:								
	D.	Email Address:								
VI. Munic	Signa	Email Address: ature of Requestor I acknowledge and represent that I have reviewed and understand the 's FOIA Policy and that the information I have provided in this request is true and accurate.								

Received by the Municipality: Date:	The Municipality will after the receipt of this Recurrent, and Volum request is denied. Aldenial may be appeald Notice of Denial. Ju Act, 5 ILCS 140/1 et which is available from	disclose the public record Request Form (or such on the public Requests), unless the extensions and denials and the Public Access dicial review is available at the FOIA Officer.	rds requested of other time as per state time peri will be in wri Counselor wi e under Section information, pl	on this Request Form within 5 business days ermitted by the Act for Commercial Purpose, iod is extended as provided by law or the iting and will state the reasons therefor. A ithin 60 business days after the date of the n 11 of the Illinois Freedom of Information lease consult the Municipality FOIA Policy,
Response Due:		FOR MUNI	CIPALITY U	SE ONLY
Method of Delivery: Personal Delivery Email Mail/Courier/Fax Delivery Other Municipality employee receiving request: Name: Title:	Received by the Munic	cipality: Date:		Time:
Other Municipality employee receiving request: Name: Title:	Response Due:	(5 bus	iness days after rece	cipt unless commercial, recurrent, or voluminous request)
Municipality employee receiving request: Name: Title:	Method of Delivery:	Personal Delivery	Email	Mail/Courier/Fax Delivery
Name: Title:		Other		
	Municipality employee	e receiving request:		
Signature:	Name:		Title:	
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