CITY OF CRYSTAL LAKE

REOUEST FOR PUBLIC RECORDS SUPPLEMENTAL INFORMATION FORM

INSTRUCTIONS AND INFORMATION

By submitting this Request Form, you are agreeing to pay to the City, in advance a. of receiving copies of any public records, the copying and certification fees set forth in Section 1.

The fees set forth in Section 1 may be waived or reduced by the Freedom of Information Officer on determination and proof that the purpose of your request is primarily to benefit the general public and that you will receive no significant personal or commercial benefit from your request. If you wish to be considered for a fee waiver or reduction, you must submit the required statement as indicated in Section 1.

- In Section 2, please indicate whether the request is for commercial purposes. b. You must provide the information in this Section.
- The City will not mail copies of public records unless requested as set forth in Section 3 and then only upon advance payment of the actual cost of postage.
- d. You must provide the information requested in Section 4.
- In Section 5, describe the public records that you wish to inspect or to have copied or certified. Please be precise about what records you seek. You may use a separate sheet if necessary.

Indicate whether you request only to inspect the public records at the City Hall or whether you also request to have the public records copied or certified by checking the appropriate spaces.

You must sign the statement set forth in Section 6. f.

The City will disclose the public records requested on this Request Form within 21 Business Days after the receipt of this Request Form for all requests made for commercial purposes, and within five Business Days for all other requests, unless the applicable response period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefor. The Requestor may seek review of a denial by the Public Access Counselor of the Office of the Illinois Attorney General. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq. For more detailed information, please consult the City of Crystal Lake Rules and Regulations for Implementation of the Illinois Freedom of Information Act, which are available from the Freedom of Information Officer and at www.crystallake.org.

Agreement to Pay Fees 1.

2.

1.	Copies $-8\frac{1}{2} \times 11$ or $8\frac{1}{2} \times 14$, Blace	Copies $-8\frac{1}{2} \times 11$ or $8\frac{1}{2} \times 14$, Black and White				
	First 50 pages	Free				
	Additional pages	\$0.15 per side				
2.	Other types of records with set fee	s actual cost				
the copying so apply, if: (i) the not 8½ x 11 c type not listed above will no statute. If the	will pay the actual charges that the City ervices, and that the fees stated in items the City must use an outside vendor to or 8½ x 14, Black and White; or (ii) the d above. I further agree that the fees so apply if the fee for the requested records are produced on an ual cost of purchasing the medium.	a 1 through 3 above will copy a public record the requested records are stated in items 1 throughords is otherwise fixed				
If yes, you muthe principal p	esting a waiver of fee?Yes ust attach a statement of the purpose of purpose of the request is to access or di health, safety and welfare or legal righ)).	sseminate information				
Purpose of R	equest					
Please check	Yes or No for the following question:	Yes No				
to use the reco	ng the public records identified in Sectiords, or the information derived therein ation, or advertisement for sales or serv	, for sale,				
of the Act for a	ction 3.1(c) of the Freedom of Information a person to knowingly obtain a public reco	Act, it is a violation rd for a commercial pose. Each request				

	I do not request mail delivery of any of the requested public records.	6.	Signature of Requ	iestor		
·.	I request that the City mail copies of the requested public records to me at the address set forth in Section 4 below. I hereby agree to pay the actual postage for mailing before the records will be mailed. Requestor	By signing this Request, I acknowledge and represent that I have reviewed, and that I understand, the City of Crystal Lake Rules and Regulations for Implementation of the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate.				
	A. Name of Requestor:		Signature of Reque	estor		Date
	B. Company:		ITY USE ONLY			
	C. Address:			l Lake, McHenry County		
		Date: _		Time:		
	D. Email:		of Delivery:	Personal Delivery dui Personal Delivery afte Mail Delivery during Mail Delivery after B	er Business Ho Business Hous Jusiness Hours	ours rs
	Cell Phone Home Phone	City en	Electronic delivery by employee receiving request (if not Freedom of Information Officer):			
	E. Date of Birth:(Required for Police Reports Only)	Name:			Title:	
5.	Description of Request	Forwar	orwarded to Freedom of Information Officer (if applicable):			
		Date: _		Time:		
				(s):		
		_		Finance		
			ring Planning Filed Electronically	Public Works	Police	e Fire
			Closed File			
		_				