

Freedom of Information Request
Galesburg Public Library
40 East Simmons Street, Galesburg, Illinois 61401
Phone: 309-343-6118 Fax: 309-343-4877

Attention: FOIA Officer

Date of Request _____ Certification Requested: ___ Yes ___ No

Name of requestor (or business name if applicable) _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____

Description of Records Requested: _____

Public Library Response (Requestor does not fill in information below this line)

Approved

- The documents requested will be sent electronically.
- The documents requested are enclosed.
- The documents will be made available upon payment of copying costs
\$ _____
- You may inspect the records at _____ on the date of _____

Denied

- The request creates an undue burden on the public body in accordance with Section 3(f) of the Freedom of Information Act, and we are unable to negotiate a more reasonable request.
- The materials requested are exempt under Section 7 _____ of the Freedom of Information Act for the following reasons:

Individual(s) that determined request to be denied: _____

- Request delayed for the following reasons (in accordance with 3(d) of the FOIA)

You will be notified by the date of _____ as to the action taken on your request.

The information required by this form is MANDATORY in order to comply with 5 ILCS 140/1. Failure to so provide may result in this form not being processed.

Nancy Terpening, FOIA Officer (Signature) _____

Date of reply _____