

**Freedom of Information Request**  
**Galesburg Public Library**  
264 W Main 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: \_\_\_\_\_

Is the reason for the request a "commercial purpose," as defined in the Act? \_\_\_ Yes \_\_\_ No

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 do so provide may result in this form not being processed.**

Noelle Thompson, FOIA Officer (Signature) \_\_\_\_\_

Date of reply \_\_\_\_\_