

Freedom of Information Act (FOIA)

Request for Public Records Form

You are not required to use this form, unless your request is for commercial purposes. ALL FOIA requests, for any purpose, must be made in writing, and may be submitted either by personal delivery, U.S. Mail per below address, by fax at 630-620-4598, or by email to jbarton@nedsra.org.

To: Freedom of Information Officer
 Northeast DuPage Special Recreation Association
 1770 W. Centennial Place
 Addison, IL 60101

1. Request for Records - I request the following public records of NEDSRA:

<i>Description of Records Requested</i>	<u>inspect</u>	<u>copy</u>	<u>certify</u>
_____	—	—	—
_____	—	—	—
_____	—	—	—
_____	—	—	—
_____	—	—	—

Records for inspection are only available from 8:30 am to 5:00 pm at NEDSRA's administrative offices during regular business hours Monday – Friday, except for legal and NEDSRA established holidays.

2. Agreement to Pay Fees

I will pay the following fees for the public records copied or certified at my request:

- 1) Copies – 8½ x 11 or 8½ x 14, Black and White

First 50 pages	Free
Additional pages	\$0.15 per side
- 2) Other types of records with set fees Actual cost
- 3) Certification \$1.00 per record, plus copy cost
- 4) Mailing costs Actual cost
- 5) Commercial Records Request Actual cost to retrieve and transport offsite records and \$10/hr. spent searching for requested records after first 8 hours.
- 6) Other fees/costs as may be provided for under future amendments to the Illinois FOIA.

I agree that I will pay the actual charges that NEDSRA incurs in connection with the copying services, and that the fees stated in items 1 through 5 above will not apply, if: (i) NEDSRA must use an outside vendor to copy a public record that is not 8½ x 11 or 8½ x 14, Black and White; or (ii) the requested records are of a type not listed above. I further agree that the fees stated in items 1 through 5 above will not apply if the fee for the requested records is otherwise fixed by statute. If the requested records are produced on an electronic medium (CD ROM, Micro-cassette tape, etc.), I agree to pay the actual cost of purchasing & preparing the medium.

3. Purpose of Request

Please check Yes or No for each of the following questions:

	<u>Yes</u>	<u>No</u>
A. I am requesting the public records identified in Section 1 above to use the records, or the information derived therein, for sale, resale, solicitation, or advertisement for sales or services.	___	___
B. I am, or represent, news media or a non-profit, scientific or academic organization.	___	___
C. The principal purpose of this Request for Public Records is to access and disseminate information concerning news and current or passing events.	___	___
D. The principal purpose of this Request for Public Records is for articles of opinion or features of interest to the public.	___	___
E. The principal purpose of this Request for Public Records is academic, scientific, or public research or education.	___	___

Pursuant to Section 3.1(c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose. Each request for a public record or category of public records made in violation of this requirement (whether made as part of a single or multiple written requests) shall be subject to a fine of \$750 and such other penalties allowed by law.

4. Request for Mail Delivery

___ I request that NEDSRA mail copies of the requested public records to me at the address set forth in Section 5 below. I hereby agree to pay the actual postage for mailing before the records will be mailed.

It would be unduly burdensome for me to pick up the requested records at the NEDSRA Administrative Offices because:

___ I do not request mail delivery of any of the requested public records.

___ I request that the material be e-mailed, if available in this format.

5. Requestor

A. Name of Requestor: _____

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

C. Complete address for Responses, Decisions, and Communications:

D. Telephone Numbers of Requestor:
Day: _____
Evening: _____

E. E-mail: _____

6. Signature of Requestor

By signing this Request, I acknowledge and represent that I have reviewed, and that I understand, NEDSRA 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.

Signature of Requestor

_____, 20_____
Date

For FOIA Officer Use Only

Request Received by _____

Date Request Received	Date Response Due	Extended Due Date for Response	Total Cost Due	Date Docs Provided or Inspected

Other: