



**Lisle Library District
Freedom of Information Act Request Form**

Date: ____/____/____

Name of Requester: _____

PLEASE PRINT

The Library requires valid contact information to be able to provide the requested records and/or to be able to clarify a request. Please print:

Street Address:

City/State/ZIP Code: _____

Telephone: _____ - _____ E-mail: _____

This is a request for information under the Illinois Freedom of Information Act, 5 ILCS 140.

Provide as much detail as possible so the Library can identify the information that you are seeking. You may attach additional pages, if necessary.

I request the following records:

Please choose: Electronic format (emailed) **or** Paper

Is this request for a Commercial Purpose? Yes No

It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c).