Freedom of Information Request
Warrenville Public Library District
28W751 Stafford Place
Warrenville, IL 60555
Phone: 630-393-1171 Fax: 630-393-1688

Use of this form is optional but may help to expedite the Library District's response to a request.

Date of Request	Certification Requested: ☐ yes ☐ no
Requestor' Name (or business/organization name if applicable)	Phone: Email:
Street Address	
City State Zip	
Description of Records Requested (attach additional pages if necessary)	

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

REQUEST RECEIVED BY: *DATE RECEIVED:*

APPROVED

☐ The documents requested are enclosed.

☐ The documents will be made available upon payment of copying cost $_____.

☐ 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(g) 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 the request to be denied:

_____

☐ Request delayed, for the following reasons (in accordance with 3(e) of the FOIA):

_____

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

FOIA Officer Date of Reply