



# Request for Public Records Form Freedom of Information Act

755 Georgetown Drive  
Cary, IL 60013  
847.639.1100

[WWW.CARYILLINOIS.COM](http://WWW.CARYILLINOIS.COM)

Email: [VILLAGEHALL@CARYILLINOIS.COM](mailto:VILLAGEHALL@CARYILLINOIS.COM)

Pursuant to the Illinois Freedom of Information Act, 5 ILCS 140, the Village of Cary shall make public all non-commercial records requested on this form within five (5) business days after receipt of this form. For Commercial records requested, the Village of Cary shall make public all records requested on this form within twenty-one (21) business days after receipt of this form. This form can be returned to the Village of Cary via mail, electronic delivery or in person and addressed to the Freedom of Information Act Officer. Extensions, denials or unduly burdensome requests will be issued in writing. Requests for review may be made to the Illinois Attorney General's Office Public Access Counselor. For more information, visit the Illinois Attorney General's Office at [www.illinoisattorneygeneral.net](http://www.illinoisattorneygeneral.net).

**TYPE OF PUBLIC RECORD REQUEST**

Police Record

Non-Police Record

**If Police Record:**

Police Report Number(s): \_\_\_\_\_

If Police Report Number is unknown, please follow the "RECORDS REQUESTED" directions below.

**If Non-Police Record:**

**RECORDS REQUESTED** *Provide as much specific detail as possible so the Village can identify the information that you are seeking. You may attach additional pages, if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PURPOSE OF REQUEST**

Personal

Commercial

News Media

*Note: 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 Village of Cary. 5 ILCS 140.3.1(c)*

**REQUESTER CONTACT INFORMATION FOR RESPONSES / COMMUNICATIONS (print clearly and completely)**

DATE OF REQUEST: \_\_\_\_\_ NAME OF REQUESTER: \_\_\_\_\_

DATE OF BIRTH: *(only if this is a request for police records)* \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: *(optional)* \_\_\_\_\_

REQUEST DELIVERY METHOD:  Email If Email, provide address: \_\_\_\_\_

Inspect at Village Hall  Pick Up  Mail  Other: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Staff Member Receiving Request: \_\_\_\_\_

Date Received: \_\_\_\_\_

**\*SEE REVERSE SIDE FOR FEES AND APPEAL INFORMATION\***



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### FEE SCHEDULE:

|  |   |
|--|---|
| Digital Copies delivered via email or internet     | No charge                                       |
| <u>Black &amp; White Copies:</u>                   |   |
| 8.5"x11" or Legal size, first 50 pages             | No charge                                       |
| 8.5"x11" or Legal size, over 50 letter/legal pages | \$0.15/page                                     |
| 11"x17"  | Actual cost of reproduction                     |
| Black & White Copies over 11"x17"                  | Actual cost of reproduction                     |
| <u>Color Copies:</u>                               |   |
| 8.5"x11" or Legal size                             | Actual cost of reproduction                     |
| 11"x17"  | Actual cost of reproduction                     |
| Color Copies over 11"x17"                          | Actual cost of reproduction                     |
| Digital Copies of documents or photographs on USB  | At cost for purchase of USB                     |
| Certification                                      | \$1.00 per document, plus applicable copy costs |
| Postage Cost                                       | Actual cost                                     |

This fee schedule is intended to be compliant with applicable State of Illinois Freedom of Information Act provisions. If applicable, Requester will be notified of the total fees pertaining to their request. Requester will be notified if any records requested have to be sent out for commercial reproduction/printing and the estimated timing and cost.

**If you are requesting that the Village of Cary waive any fees for copying the documents, you must attach a statement of the purpose of the request and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)**

### APPEALS

You have the right to have the denial of your request reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General (5 ILCS 140/9.5(a)). If you choose to file a Request for Review with the PAC, you must do so in writing within 60 calendar days of the date of the denial (5 ILCS 140/9.5(a)). Please note that you must include a copy of your original FOIA request and the denial letter when filing a Request for Review with the PAC.

Public Access Counselor  
Office of the Attorney General  
500 South 2<sup>nd</sup> Street  
Springfield, IL 62706  
Email: [public.access@ilag.gov](mailto:public.access@ilag.gov)  
Phone: 217-558-0486  
Fax: 217-782-1396

You also have the right to judicial review of your denial by filing a lawsuit in the State circuit court. 5 ILCS 140/11)