Broadview Public Library District

FREEDOM OF INFORMATION ACT REQUEST FORM

2226 South 16th Ave, Broadview, Illinois 60155-4000

Phone: 708-345-1325

FOIA OFFICER: TANYA KING

DATE: _____ FROM: _____

TO: _____ ADDRESS: _____

DEPT: _____ PHONE: _____

DESCRIPTION OF REQUESTED RECORD/FILE FOLDERS

_____

_____

_____

Please indicate if you wish to only inspect the above records or wish a copy of them Fee(s):
15 cents per copy after the first 30 pages.

_____ Inspection _____ Copy _____ Both

_____ I am not seeking the above captioned records for the purpose of furthering commercial enterprise.

Signature of Requestor _____

DO NOT WRITE BELOW THIS LINE

_____

Date Received: _____

Date Response Due [5 Working Days]: _____

Record Made Available: _____

Copies Made:Yes:__ No: __

How Many: _____

Fee $: _____

Request Denied?: _____

Reason:

_____

_____