



Niles-Maine District Library

Freedom of Information Act Request Form

Date: _____

Requestor's Name: _____

Company: _____

Address: _____

City, State, ZIP Code: _____

Telephone Number: _____

Requestor's Email Address: _____

RECORDS SOUGHT: Mark records requested below. Please be specific.

Format requested (choose one) ☐ email ☐ pick-up ☐ mail

Requestor's Signature: _____

Return completed FOIA Request Form to: FOIA Officer, Niles-Maine District Library, 6960 Oakton Street, Niles, IL 60714; or e-mail to NMDLFOIArequest@nileslibrary.org.

If your request is denied, you may file an appeal to: Public Access Bureau, Illinois Attorney General, 100 W. Randolph, 12th Fl., Chicago, IL 60601

(FOR DEPARTMENT USE ONLY)

RESPONSE:

Records made available: ☐ Date: _____

Request denied, and reason ☐ _____

Copies made: ☐ Yes ☐ No ☐ Media Exemption

Number: _____ Fee Paid \$: _____

Other (attach correspondence): _____