CITY OF CRYSTAL LAKE
REQUEST FOR PUBLIC RECORDS
SUPPLEMENTAL INFORMATION FORM
INSTRUCTIONS AND INFORMATION

By submitting this Request Form, you are agreeing to pay to the City, in advance of receiving copies of any public records, the copying and certification fees set forth in Section 1.

The fees set forth in Section 1 may be waived or reduced by the Freedom of Information Officer on determination and proof that the purpose of your request is primarily to benefit the general public and that you will receive no significant personal or commercial benefit from your request. If you wish to be considered for a fee waiver or reduction, you must submit the required statement as indicated in Section 1.

In Section 2, please indicate whether the request is for commercial purposes. You must provide the information in this Section.

The City will not mail copies of public records unless requested as set forth in Section 3 and then only upon advance payment of the actual cost of postage.

You must provide the information requested in Section 4.

In Section 5, describe the public records that you wish to inspect or to have copied. Please be precise about what records you seek. You may use a separate sheet if necessary.

Indicate whether you request only to inspect the public records at the City Hall or whether you also request to have the public records copied by checking the appropriate spaces.

You must sign the statement set forth in Section 6.

The City will disclose the public records requested on this Request Form within 21 Business Days after the receipt of this Request Form for all requests made for commercial purposes, and within five Business Days for all other requests, unless the applicable response period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefor. The Requestor may seek review of a denial by the Public Access Counselor of the Office of the Illinois Attorney General. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq. For more detailed information, please consult the City of Crystal Lake Rules and Regulations for Implementation of the Illinois Freedom of Information Act, which are available from the Freedom of Information Officer and at www.crystallake.org.

1. Agreement to Pay Fees

1. Copies – 8½ x 11 or 8½ x 14, Black and White

   First 50 pages Free
   Additional pages $0.15 per side

2. Other types of records with set fees actual cost

I agree that I will pay the actual charges that the City incurs in connection with the copying services, and that the fees stated in items 1 through 3 above will not apply, if: (i) the City must use an outside vendor to copy a public record that is not 8½ x 11 or 8½ x 14, Black and White; or (ii) the requested records are of a type not listed above. I further agree that the fees stated in items 1 through 3 above will not apply if the fee for the requested records is otherwise fixed by statute. If the requested records are produced on an electronic medium, I agree to pay the actual cost of purchasing the medium.

Are you requesting a waiver of fee? ______ Yes ______ No
If yes, 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 140/76(c).

2. Purpose of Request

Please check Yes or No for the following question: ______ Yes ______ No

I am requesting the public records identified in Section 1 above to use the records, or the information derived therein, for sale, resale, solicitation, or advertisement for sales or services.

Pursuant to Section 3.1(c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose. Each request for a public record or category of public records made in violation of this requirement (whether made as part of a single or multiple written requests) shall be subject to a fine of $500 and such other penalties allowed by law.

Revised 4-1-13
3. Request for Mail Delivery

___ I do not request mail delivery of any of the requested public records.

___ I request that the City mail copies of the requested public records to me at the address set forth in Section 4 below. I hereby agree to pay the actual postage for mailing before the records will be mailed.

4. Requestor

A. Name of Requestor: ____________________________

B. Company: ____________________________

C. Address: ____________________________

D. Email: ____________________________

   Cell Phone: _________  Home Phone: _________

E. Date of Birth: ___________ (Required for Police Reports Only)

5. Description of Request

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

How do you wish to view the record(s)? in person ___ paper copy ___ media ___

6. Signature of Requestor

   By signing this Request, I acknowledge and represent that I have reviewed, and that I understand, the City of Crystal Lake Rules and Regulations for Implementation of the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate.

   ____________________________  ____________________________
   Signature of Requestor  Date

FOR CITY USE ONLY

Received by the City of Crystal Lake, McHenry County, Illinois:

Date: _____________  Time: _____________

Method of Delivery:

___ Personal Delivery during Business Hours
___ Personal Delivery after Business Hours
___ Mail Delivery during Business Hours
___ Mail Delivery after Business Hours
___ Electronic delivery by

City employee receiving request (if not Freedom of Information Officer):

Name: ____________________________  Title: ____________________________

Forwarded to Freedom of Information Officer (if applicable):

Date: _____________  Time: _____________

Due to Requestor: ____________________________

Date forwarded to Department(s):

Department(s) involved: CMO ____________ Finance ____________ H/R ____________ Building ____________

   Engineering ____________ Planning ____________ Public Works ____________ Police ____________ Fire ____________

   ____________ Filed Electronically

   ____________ Closed File

Notes:

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