

To: Village Manager
 Village of Long Grove
 3110 RFD
 Long Grove, Illinois 60047-9635

I. REQUEST FOR RECORDS I hereby request the right to inspect, or to obtain copies or certified copies of, the following public records of the Village:

Records Requested	Inspect	Copy	Certify
_____	—	—	—
_____	—	—	—
_____	—	—	—
_____	—	—	—

II. AGREEMENT TO PAY FEES

A. Unless a waiver is requested and approved pursuant to Paragraph B of this Section, **I agree to pay the following fees for all public records copied or certified at my request:**

- | | | | |
|----|-----------------------------|----|--------------------------------|
| 1. | Copies — 8 ½ x 11 | -- | \$0.35 per side. |
| 2. | Copies — Oversize (8½ x 11) | -- | \$0.35 per side. |
| 3. | Certification | -- | \$2 per page/\$5 per pamphlet. |
| 4. | File Room Fee | -- | \$20 |
| 5. | Reproduction Fee | -- | \$40 (min.) |

I further acknowledge and agree that, if the services of an outside vendor are required to copy any public record, I shall pay the actual charges that the Village incurs in connection with such copying services.

B. **I request a waiver of the fees** set forth in Paragraph A of this Section, and, in support of such request, I do hereby certify and represent that I will gain no significant personal or commercial benefit from the public records herein requested and that my principal purpose in making this request is to benefit the general public by disseminating information concerning the health, safety, welfare, or legal rights of the general public in the following specific manner: _____

 Signature of Requestor

III. PURPOSE OF REQUEST I am requesting access to the public records identified in Section I above for the following purpose:

- | | | | |
|-----|-------------------------------|-----|------------------------------|
| ___ | Research Personal Information | ___ | News Coverage |
| ___ | Commercial Use | ___ | Other (Please Specify) _____ |

IV. REQUEST FOR MAIL DELIVERY I request that the Village mail to me at the address set forth in Section V below copies of all public records responsive to this request. I understand that I will be required to, and do hereby agree to, pay the actual postage for such mailing before the records will be mailed. It would be unduly burdensome for me to pick up the requested records at the Village Hall because _____

 Signature of Requestor

V. IDENTIFICATION OF REQUESTOR

A. Name of Requestor: _____

B. Name of person for whom records are being requested (if not Requestor):

C. Address for Responses, Decisions, and Communications:

D. Telephone Numbers of Requestor:
Day: _____
Evening: _____

VI. SIGNATURE OF REQUESTOR

By signing this Request, I acknowledge and represent that I have reviewed and understood the Village of Long Grove 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 VILLAGE USE ONLY

Received by the Village of Long Grove, Lake 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

Village employee receiving request:

Name: _____ Title: _____

Signature: _____

Response Due: _____ (Seven Working Days after day of receipt)

Village employee responsible for compiling response:

Name: _____ Title: _____

PAYMENT

Amount: \$ _____

Check #: _____

Cash: _____

Date of Payment: _____