



CITY OF ELMHURST
SUGGESTED FORM

FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

To: City of Elmhurst
Freedom of Information Officer
209 North York Street
Elmhurst, IL 60126

From: _____
Name

Address

City, State, Zip Code

Telephone

Description of records requested:

Are you asking for these records for commercial use/purposes? Yes No

(5 ILCS 140/3.1) (c) 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 public body.

Please indicate the format in which you would like the City to respond to your request, if applicable:

Inspection Only Hard Copy Email: _____
 Fax: _____ Other Format: _____

Do you wish to have copies certified: Yes No

Do you request a reduction or waiver of fees: Yes No

For Office Use Only:

Date Received: _____ Due Date: _____ Response Date: _____

Responding Departments:

Admin. Development Engineering Finance H.R. Museum Police

Notations: _____

Information Picked Up, Mailed and/or Otherwise Delivered On: _____

Associated fees: _____ Paid: Yes No Waived

FEE SCHEDULE FOR DUPLICATION OF PUBLIC RECORDS

	<u>Associated Charges</u>
<u>Certification of Documents</u>	\$1.00/certification
<u>Black & White Copies</u>	
Size: 8½"x11" and/or Legal	
▪ First 50 Pages:	No Charge
▪ Each Additional Page	15¢/page
Size: 11"x 17"	15¢/page
Size: Drafting	\$2.00/page
<u>Color Copies</u>	20¢/page
<u>Accident Reports</u>	\$ 5.00
<u>Photographs</u>	
Digital Copies on Photo CD	\$ 1.00
Prints	At Cost for Reproduction
<u>Digital Storage Devices</u>	At Cost for Purchase

Please note that the requestor will be notified if any records they have requested need to be sent out for reproduction/printing. The requestor will be charged at cost for said reproductions/printing jobs.