

**REQUEST FOR RECORDS IN ACCORDANCE  
WITH THE FREEDOM OF INFORMATION ACT  
FAIRVIEW HEIGHTS PUBLIC LIBRARY**

**I am requesting to:** Copy  Inspect  Certified  the following public records:

**Requested By:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Information Requested** (Please be specific): \_\_\_\_\_  
\_\_\_\_\_

**Will this material be used for commercial purposes?** Yes \_\_\_\_\_ No \_\_\_\_\_

The charge will be \_\_\_\_\_ cents per copy (each side). Certification of documents is an additional \$ \_\_\_\_\_

A response to your request will be made within five (5) working days of the receipt of this request. Please return with a copy of this request on \_\_\_\_\_.

**Information Received:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By: \_\_\_\_\_  
Print Name Signature

Number of Photocopies: \_\_\_\_\_ Total Cost: \_\_\_\_\_

Photocopying Fees: \_\_\_\_\_ Paid in Full: \_\_\_\_\_

Certified Fees: \_\_\_\_\_ Form of Payment: \_\_\_\_\_

**For Office Use Only**

Request Taken \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Information give by \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional time requested by \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial Sent by \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Give to/ Sent to \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized by: \_\_\_\_\_

[Name of] \_\_\_\_\_