TOWNSHIP OF SUGAR GROVE

REQUEST FOR PUBLIC RECORDS

To:	Town: 54 Sn Sugar	ow Stre Grove,	Sugar G et IL 6055 wnship.c	4	Date:			
i.	copied the pu	d or cert	tified. U cords at	Describe in detail the se a separate sheet if ne the Township Office of ate box to the right of ea	ecessary r to have	 Indicate whether the public record 	er you wis	sh only to inspect
	Recor	ds Requ	uested			inspect	copied	certified
						□		
						□		
II.		ing cop		Fees By submitting thing public records the c				
	A.			ver is requested and apposed owing fees for all public				
		1.	Copie	es — letter or legal		\$.15 per side		
		2.	Copie	es — color or oversize		Actual cost of	reproduct	ion
		3.	Certif	ication		\$1.00 per docu	ıment plu	s copy cost
		4.	Mailir	ng		Actual cost of	postage	
		5.	Com	nercial Requests				
			a.	Personnel Fee		\$10.00 per ho	ur over 8 l	hours
			b.	Offsite Storage Retrie	eval	Actual cost		
		6.	Elect	onic Records (Volumino	us Requ	ests only)		
			a.	Records not in PDF for	ormat:			
				o up to 2 MB of dat	a - \$20.0	0		
				o more than 2 MB i	out less t	han 4 MB of data	- \$40.00	
				o more than 4 MB -	\$100.00)		
			b.	Records in PDF form	at:			
				o up to 80 MB of da	ata - \$20.	.00		
				o more than 80 MB	but less	than 160 MB of	data - \$40	.00
				o more than 160 M	B - \$100.	.00		
				re will be no charge for for a Requester, ex				

voluminous requests.

FORM 1 – REQUEST FOR PUBLIC RECORDS Page 2 of 2

	В.	I request a waiver of the fees. (IF APPLICABLE) In support of my request, I certify and represent that I will gain no significant personal or commercial benefit from the records requested and that my principal purpose 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 Requester
III.	Purpo	se of Request Indicate the purposes for your request for public records:
		Noncommercial Purpose
		Commercial Purpose
derive	d from (purpose" is defined as the use of any part of a public record or records, or information public records, in any form for sale, resale, or solicitation or advertisement for sales or epresentation of the purpose of a Request is a violation of the Act.
IV.		to me and agree to pay the actual postage in advance.
		Signature of Requester
V.	Identii	ication of Requester You must provide the information requested in Section V.
	A.	Name of Requester:
	A. B. C.	Address:
	B.	
VI.	B. C. D. Signat	Address: Telephone Number: Email Address: Lure of Requester I acknowledge and represent that I have reviewed and understand the hip's FOIA Policy and that the information I have provided in this request is true and
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The Tov Request the time the reas of Denia detailed	B. C. D. Signat Towns accurate waship will: Form (or period is ons thereful. Judicia informatio	Address: Telephone Number: Email Address: Signature of Requester Date disclose the public records requested on this Request Form within 5 business days after the receipt of this such other time as permitted by the Act for Commercial Purpose, Recurrent, and Voluminous Requests), unless extended as provided by law or the request is denied. All extensions and denials will be in writing and will state or. A denial may be appealed to the Public Access Counselor within 60 business days after the date of the Notice of review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 ef seq. For more
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