

**EVERGREEN PARK PUBLIC LIBRARY**  
**9400 S. Troy Avenue**  
**Evergreen Park, IL 60805**

The Board of Trustees of the Evergreen Park Public Library recognizes the right of members of the public to have access to public records in accordance with the provisions of the Illinois Freedom of Information Act ("FOIA" or the "Act"), and affirms that it is the policy of the library to comply with the Act.

Requests for public records must be in writing and may be submitted on a Freedom of Information (FOIA) Request Form on the next page:

Evergreen Park Public Library  
9400 S. Troy Avenue  
Evergreen Park, IL 60805

Requests for records should be directed to:

Nicki Seidl, Library Director  
Freedom of Information Officer  
c/o Evergreen Park Public Library  
708.422.8522  
seidl@evergreenparklibrary.org

No fees shall be charged for the first 50 pages of black and white, letter or legal sized copies requested. After the first 50 pages, the fee for black and white, letter or legal sized copies shall be 15¢ per page. Actual cost will be charged for other documents not of standard size and for the recording medium (e.g. compact disk, tape, DVD). The library may waive or reduce fees if the person requesting the records states the specific purpose for the request and indicates that a waiver or reduction of fees is in the public interest.

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**FREEDOM OF INFORMATION (FOIA) REQUEST**

**Note to Requester:** This form is designated to provide you with helpful guidance on how to submit a FOIA request to the Evergreen Park Public Library. You do not need to use this form. You may submit a FOIA request in any written format you choose. Retain a copy of this request for your files. If you need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

Submit request to: Nicki Seidl, Library Director and Freedom of Information Officer  
Ph: 708-422-8522 Fax: 708-422-8665

Email: [nicki.seidl@evergreenparklibrary.org](mailto:nicki.seidl@evergreenparklibrary.org)

Date Requested: \_\_\_\_\_ Time: \_\_\_\_\_

I hereby request to inspect  copy\*  the following records:  
*(Please describe requested records as specifically as possible, attaching additional pages, if necessary.)*

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\* There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for documents not of standard size, and for the recording medium (e.g. compact disk, tape, DVD), when applicable.

Is this request for a commercial purpose?  Yes  No

Are you requesting a fee waiver?  Yes  No

(If you are requesting a waiver of any fees for copying the documents, 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 140/6 (c)).

Name of Requester: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do not write below this line

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Forwarded to: \_\_\_\_\_ Date returned: \_\_\_\_\_