

DUPAGE WATER COMMISSION

REQUEST FOR PUBLIC RECORDS OFFICIAL REQUEST FORM

INSTRUCTIONS AND INFORMATION

- a. In Section 1, describe the public records that you wish to inspect or to have copied or certified. Please be precise about what records you seek. You may use a separate sheet if necessary.

Indicate whether you request only to inspect the public records at the Commission's headquarters or whether you also request to have the public records copied or certified by checking the appropriate spaces.

- b. By submitting this Request Form, you are agreeing to pay to the Commission, in advance of receiving copies of any public records, the copying and certification fees set forth in Section 2. In addition, if this is a request made for commercial purposes, then you are also agreeing to pay to the Commission, in advance of examining or receiving copies of any public records, the search and retrieval fees set forth in Section 2.

The fees set forth in Section 2 may be waived or reduced by the Freedom of Information Officer on determination and proof that the purpose of your request is primarily to benefit the general public and that you will receive no significant personal or commercial benefit from your request. If you wish to be considered for a fee waiver or reduction, you must complete and sign the statement set forth in Subsection 2.B.

- c. In Section 3, indicate the purposes for which you are requesting the public records identified in Section 1. You must provide the information in this Section.
- d. The Commission will not mail copies of public records except upon satisfactory proof that it would be unduly burdensome for you to inspect or pick up the copies at the Commission's headquarters and then only upon advance payment of the actual cost of postage. If you wish to request mailing of the requested records, you must complete and separately sign the statement set forth in Section 4.
- e. You must provide the information requested in Section 5.
- f. You must sign the statement set forth in Section 6.

The Commission will disclose the public records requested on this Request Form within 21 Business Days after the receipt of this Request Form for all requests made by recurrent requestors and all requests made for commercial purposes, and within five Business Days for all other requests, unless the applicable response period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefor. The Requestor may seek review of a denial by the Public Access Counselor of the Office of the Illinois Attorney General unless the request was determined to have been made for commercial purposes. If the request was determined to have been made for commercial purposes, then the Requestor may seek review by the Public Access Counselor of the Office of the Illinois Attorney General only for the limited purpose of seeking review of the determination that the request was made for commercial purposes. Judicial review of a denial is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq.* For more detailed information, please consult the DuPage Water Commission Rules and Regulations for Implementation of the Illinois Freedom of Information Act, which are available from the Freedom of Information Officer.

To: Freedom of Information Officer
 DuPage Water Commission
 DuPage Pumping Station
 600 East Butterfield Road
 Elmhurst, Illinois 60126 4642
 Phone: (630) 834-0100
 Facsimile: (630) 834-0120
FOIAofficer@dpwc.org

1. Request for Records

I request the following public records of the Commission:

Records Requested	<u>inspect</u>	<u>copy</u>	<u>certify</u>
_____	—	—	—
_____	—	—	—
_____	—	—	—
_____	—	—	—
_____	—	—	—
_____	—	—	—
_____	—	—	—

2. Agreement to Pay Fees

A. Unless I have requested and received a waiver under Subsection B of this Section, I will pay the following fees for the public records copied or certified at my request:

1. Copies – 8½” x 11” or 8½” x 14”, Black and White

First 50 pages	Free
Additional pages	\$0.15 per side
2. Copies – 24” x 36”, Blueline \$ 0.85 per side
3. Certification \$1.00 per record,
plus copy cost
4. Mailing Cost of postage

I agree that I will pay the actual charges that the Commission incurs in connection with the copying services, and that the fees stated in items 1 through 2 above will not apply, if: (i) the Commission must use an outside

3. Purpose of Request

Please check Yes or No for each of the following questions:

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| A. I am requesting the public records identified in Section 1 above to use the records, or the information derived therein, for sale, resale, solicitation, or advertisement for sales or services. | ___ | ___ |
| B. I am, or represent, news media or a non-profit, scientific or academic organization. | ___ | ___ |
| C. The principal purpose of this Request for Public Records is to access and disseminate information concerning news and current or passing events. | ___ | ___ |
| D. The principal purpose of this Request for Public Records is for articles of opinion or features of interest to the public. | ___ | ___ |
| E. The principal purpose of this Request for Public Records is academic, scientific, or public research or education. | ___ | ___ |

Pursuant to Section 3.1(c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose.

4. Request for Mail Delivery

___ I request that the Commission mail copies of the requested public records to me at the address set forth in Section 5 below. I hereby agree to pay the actual postage for mailing before the records will be mailed. It would be unduly burdensome for me to pick up the requested records at the Commission's headquarters because:

___ I do not request mail delivery of any of the requested public records.

5. 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: _____
- E. E-mail: _____

6. Signature of Requestor

By signing this Request, I acknowledge and represent that I have reviewed, and that I understand, the DuPage Water Commission 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