



Date of Original Request: _____

Request Submitted By: _____ E-mail _____ US Mail _____ Fax _____ In Person _____

Name of Requestor: _____

Street Address **City, State, Zip**

Telephone (Optional) **Fax (Optional)** **Email Address (Optional)**

Records Requested: Provide as much specific detail as possible so NWMC can identify the information that you are seeking. You may attach additional pages, if necessary.

Do you want copies of the document? _____ Yes _____ No

Do you want Electronic Copies? _____ Yes _____ No

If you want Electronic Copies, in what format? _____

Do you want Paper Copies? _____ Yes _____ No

Is this request for a Commercial Purpose? _____ Yes _____ No

(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 NWMC. 5 ILCS 140.3.1(c)).

Fees: No fees shall be charged for the first 50 pages of black and white, letter or legal sized copies requested by a requester. The fee for black and white, letter or legal sized copies shall not exceed 15 cents per page. If NWMC provides copies in color or in a size other than letter or legal, the charge will not be more than its actual cost for reproducing the records. In calculating its actual cost for reproducing records or for the use of the equipment, NWMC shall not include the costs of any search for and review of the records or other personnel costs associated with reproducing the records. Such fees shall be imposed according to a standard scale of fees, established and made public by NWMC. The cost for certifying a record shall not exceed \$1.

Are you requesting a fee waiver? _____ Yes _____ No

(If you are requesting that NWMC waive 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)),

Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.