

William Catching
Supervisor

Cassidy Alexander
Clerk

Davis R. Offutt
Assessor

Juan Reyna
Jason Owen

Aurora Township

80 N Broadway, P. O. Box 2847, Aurora, IL 60505
630-897-8777 Fax 630-897-8393

Dolores Hicks
Trustee

David Moore
Trustee

Samuel Nunez
Trustee

Juanita Wells
Trustee

Request for Public Records Pursuant to the State of Illinois Freedom of Information Act

INSTRUCTIONS AND INFORMATION

Aurora Township will disclose the public records requested on this Request for Public Records Form within 5 Business Days from the day after the receipt of this Request Form, 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 therefore. The Requestor may seek review of a denial by the Public Access Counselor of the Office of the Illinois Attorney General. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 *et. seq.*

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 Request Form.

MAIL TO: FOIA Officer, Aurora Township
80 N. Broadway, Aurora, IL 60505
or Fax to (630) 897-8393

DATE OF REQUEST: _____ (After 3:00 p.m., use tomorrow's date)

REQUEST SUBMITTED BY: U.S. Mail _____ In Person _____ Fax _____ Email _____

1. Request for Public Records

I request the following public records of the Aurora Township:
Provide as much specific detail as possible so we can identify the information that you are seeking. You may attach additional pages, if necessary.

I am requesting to inspect documents ☐

I am requesting copies of documents ☐
Please specify electronic or paper copies

2. Agreement to Pay Fees (check A, B, or C below)

- ☐ A. Unless I have requested and received a waiver under Subsection C below, I will pay the following fees for the public records copied at my request:
- | | |
|--|----------------|
| Copies—8 1/2 x 11 or 8 1/2 x 14, Black and White | |
| First 50 pages | Free |
| Additional pages | \$.15 per page |
- Other types of records at actual cost of reproduction
- ☐ B. I agree that I will pay the actual costs that the Township incurs in connection with the copying services, and the fees stated above. I further agree that the fees stated in Subsection A above will not apply if the fee for the requested records is otherwise fixed by statute. If the requested records are produced on an electronic medium, I agree to pay the actual cost of purchasing the medium.
- ☐ C. I request a waiver of the fees set forth in Subsection A, and in support of my request I hereby certify that I will gain no significant personal or commercial benefit from the public records herein requested and that my principal purpose in making this request 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 [5 ILCS 140/6(c)]:

3. Purpose of Request

Please check Yes or No for each of the following:

- A. I am requesting the public records identified in Section 1 to use the records, or the information derived therein, for sale resale, solicitation or advertisement for sales or services. Yes ____ No ____
- B. I am, or represent, news media or a non-profit, scientific or academic organization. Yes ____ No ____

If you answered Yes to Item 3B, please check Yes or No for each of the following:

- C. The principal purpose of this Request for Public Records is to access and disseminate information concerning news and current or passing events. Yes ____ No ____
- D. The principal purpose of this Request for Public Records is for articles of opinion or features of interest to the public. Yes ____ No ____
- E. The principal purpose of this Request for Public Records is academic, scientific, or public research or education. Yes ____ No ____

Pursuant to 5 ILCS 140.3.1(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.

5. Requestor Information

Name of Requestor: _____

Address for responses, decisions and communications:

Contact information of Requestor:

Work: _____

Home: _____

Cell: _____

Fax: _____

Email: _____

6. Method of Delivery

U.S. Mail _____ In Person _____ Fax _____ Email _____

7. Signature of Requestor

Please print your name _____

Signature of Requestor _____

Date _____

FOR TOWNSHIP USE ONLY

DATE

DATE RECEIVED: _____

NUMBER OF DAYS TO RESPOND: _____

DEADLINE TO RESPOND: _____

EXTENDED DEADLINE (if applicable): _____

DATE APPROVED: _____

INTENT TO DENY SENT TO PAC: _____

DATE DENIED: _____

FEE CHARGED: \$ _____

SIGNATURE OF FOIA OFFICER _____