CRETE PUBLIC LIBRARY DISTRICT
FREEDOM OF INFORMATION REQUEST FORM

Requestor's Name (or business name, if applicable)	Date of Request	Phone number

Street Address	Certification requested:
	_____ Yes _____ No

City State Zip

Description of Records Requested (please attach additional pages as needed):

Is this FOIA request for a commercial purpose (PA96-0542 defines commercial purpose as the use of any part of the public record "in any form for sale, resale, or solicitation or advertisement for sales or services.") _____ Yes _____ No

Submit to:

Crete Public Library District
1177 N. Main St.
Crete, IL 60417
Att: Freedom of Information Officer