



REQUEST FOR PUBLIC RECORDS SUPPLEMENTAL INFORMATION FORM

With respect to my request dated _____, 20 ____ for public records of the City, I hereby state as follows:

1. IDENTIFICATION OF 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. Email: _____

2. PURPOSE OF REQUEST

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

Table with 3 columns: Question, Yes, No. Contains 5 rows of questions regarding the purpose of the request.



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. Each request for a public record or category of public records made in violation of this requirement (whether made as part of a single or multiple written requests) shall be subject to a fine of \$750 and such other penalties allowed by law

3. PURPOSE OF REQUEST

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, 8½ x 14 or 11 x 17, Black and White

First 50 pages	Free
Additional pages	\$0.15 per side

2. Copies – 8 ½ x 11, Color \$0.15 per side

3. Maps

8 ½ x 11	\$8.00 per page
11 x 17	\$10.00 per page
24 x 36	\$20.00 per page
36 x 48	\$36.00 per page

4. Certification \$1.00 per record,
plus copy cost

5. Mailing Cost of Postage

I agree that I will pay the actual charges that the City incurs in connection with the copying services, and that the fees stated in items 1 through 3 above will not apply, if: (i) the City must use an outside vendor to copy a public record that is not 8½ x 11 or 8½ x 14, Black and White; or (ii) the requested records are of a type not listed above. I further agree that the fees stated in items 1 through 3 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.



B. I request a waiver of the fees set forth in Subsection A above, 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:

4. REQUEST FOR MAIL DELIVERY

I request that the City 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 City Hall because: _____

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

5. SIGNATURE OF REQUESTOR

By signing this Request, I acknowledge and represent that I have reviewed, and that I understand, The City of Waterloo Policy and Procedure 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