

**Please Return Completed Forms to:**

Freedom of Information Officer  
District of Lake in the Hills  
515 Plum Street  
Lake in the Hills, IL 60156  
FAX: 847/658-4523

**LAKE IN THE HILLS SANITARY DISTRICT  
REQUEST FOR PUBLIC RECORDS**

**1. Request for Records**

I hereby request the right to inspect, or to obtain copies or certified copies of the following public records of the District:       Inspect       Copied       Certified       Emailed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Purpose of Request**

I am requesting access to the public records identified in Section 1 above for a commercial purpose:

Commercial Use Yes  No

(c-10, "Commercial purpose" means the use of any part of a public record or records, or information derived from public records in any form for sale, resale or solicitation or advertisement for sales or services. For purposes of this definition, requests made by news media and non-profit scientific or academic organizations shall not be considered to be made for a "commercial purpose" when the principal purpose of the request is (i) to access and disseminate information concerning news and current or passing events, (ii) for articles of opinion or features of interest to the public, or (iii) for the purpose of academic, scientific, or public research or education.)

**3. Identification of Requestor**

Requestor Name: \_\_\_\_\_

Organization/Business: \_\_\_\_\_

Contact Information for Responses, Decisions, and Communications:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

EmailAddress: \_\_\_\_\_

**4. Waiver of Fees**

Yes       No

I am requesting a waiver of the fees, as my principal purpose in making the request is for the benefit of the general public through the dissemination of information concerning the health, safety, welfare, or legal rights of the general public. If a waiver is not granted, I understand that I will be responsible for the payment of all fees associated with the request.

**5. Request for Mail Delivery**

I request that the District mail to me, at the address set forth in Section 3, copies of all public records responsive to this request. I understand that I will be required to, and do hereby agree to, pay the actual postage for such mailing before the records will be mailed.

Yes

No, I will pick the records up in person