

**Cherry Valley Public Library District**  
**Freedom of Information Request**

**Note: This form cannot be mandatory under FOIA, but it is preferred.**

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

\_\_\_\_\_

Street Address

City

State

Zip

\_\_\_\_\_

Email Address

Certification Requested

\_\_\_\_\_

( ) Yes ( ) No

Is the reason for this request a "commercial purpose" as defined in the Act? ( ) Yes ( ) No

Description of Records Requested:

\_\_\_\_\_

\_\_\_\_\_