***Your Street Address***

***Your City, State, Zip Code***

***Month Date, Year***

Illinois Heartland Library System

ATTN: FOIA Representative

6725 Goshen Road

Edwardsville, IL 62025

Dear FOIA Representative:

This is a request under the Freedom of Information Act.

I request that a copy of the following documents (or documents containing the following information) be provided to me (identify the documents or information as specifically as possible):

***Insert description of documents that are being requested***

In order to help to determine my status to assess fees, you should know that I am (select one):

An individual seeking information for personal use.

Affiliated with an educational or noncommercial scientific institution, and this request is made for a scholarly purpose.

Affiliated with a private corporation and seeking information for use in the company's business.

A representative of the news media/press and this request is made as part of news gathering and not for commercial use.

Affiliated with a public interest group and this request is not for commercial use.

The maximum dollar amount I am willing to pay for this request is $ 0 . Please notify me if the fees will exceed the maximum dollar amount I entered.

I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest.

Specific explanation for waiver of fees (required if a waiver is requested):

***Insert specific explanation for waiver of fees***

Additional comments:

***Insert additional comments, if necessary***

Thank you for your consideration of this request.

Sincerely,

***Title First Name, Middle Initial, Last Name***

***Telephone Number***

***Fax Number***

***Email Address*Instructions for submitting this request:**

Send requests via email to: foiarequest@illinoisheartland.org   
Send requests via fax to: (618) 656-9401

Send requests via mail to:

Illinois Heartland Library System

ATTN: FOIA Representative

6725 Goshen Rd

Edwardsville, IL 62025

To avoid delay, be sure to display "FOIA Request" prominently on the envelope, fax cover sheet, or email subject line.