

801 S. School Avenue Matteson, Il 60443 Phone: 708/748-4431 Fax: 708/748-0579

Email: mtslib@mapld.org

FREEDOM OF INFORMATION ACT REQUEST FORM

Date:	
Requestor's Name:	
Company:	
Address:	
City, State, Zip Code:	
Telephone Number:	
Records Sought: Mark records re	equested below. Please be specific.
□ Printed records:	
☐ Electronic data processi	ng records (specify format):
☐ Computer output tape	☐ CD-ROM ☐ Other
□ Data fields (e.g. name):	
□ Special run instructions:	
Requestor's Signature:	
	Form to Matteson Area Public Library District, Attention Administrative Office, IL 60443; fax to 708-748-0579; or email to mtslib@mapld.org .
If your request is denied, you ma W. Randolph, 12 th Fl., Chicago, 1	y file an appeal to: Public Access Appeal Officer, Illinois Attorney General, 100 IL 60601.
	(For Department Use Only)
Response:	
Records made available:	□ Date:
Request denied, and reason:	
Copies made: ☐ Yes	□ No
Number	☐ Media Exemption
Fee Paid \$	
Other (attach correspondence):	