

3. Agreement to Pay Fees

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:

Black and white copies (letter or legal size)	No charge/1 st 50 pages \$0.15/page thereafter
Certification	\$1.00
Mailing	Cost of postage

I agree that for requested records that are not of a type listed above, the fees assessed will be the City's actual cost for reproducing the record, including fees for paying an outside vendor to copy the record or fees for purchasing electronic medium in order to copy an electronic record. I further agree that the fees stated above will not apply if the fee for the requested record is otherwise determined by statute.

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. Purpose of Request

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

	<u>Yes</u>	<u>No</u>
A. I am requesting the public records identified in Section 1 above to use the records, or the information derived therein, for sale, resale, solicitation, or advertisement for sales or services.	___	___
B. I am, or represent, news media or a non-profit, scientific or academic organization.	___	___
C. The principal purpose of this Request for Public Records is to access and disseminate information concerning news and current or passing events.	___	___

D. The principal purpose of this Request for Public Records is for articles of opinion or features of interest to the public. _____

E. The principal purpose of this Request for Public Records is academic, scientific, or public research or education. _____

5. Delivery Method

_____ 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 all applicable fees and the actual postage for mailing before the records will be mailed.

_____ I will pick up the requested public records at the Village Hall. I hereby agree to pay all applicable fees when picking up the records.

_____ I wish to have the public records emailed to me at _____

6. Signature of Requestor

By signing this Request, I acknowledge and represent that I have reviewed, and that I understand, the City of Rock Falls Rules and Regulations for Implementation of the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate.

Date: _____

Signature of Requestor