

WARREN-NEWPORT PUBLIC LIBRARY DISTRICT
FREEDOM OF INFORMATION REQUEST

Requester's Name (or business name, if applicable)		Date of Request	Telephone number
Address		Certification requested: _____ Yes _____ No	
Description of Records Requested: _____ _____ _____			
<i>Library Response (to be completed by FOIA Officer)</i>			
A P P R O V E D	<input type="checkbox"/> All requested documents are enclosed. <input type="checkbox"/> Requested documents will be made available upon payment of copying costs \$_____. <input type="checkbox"/> You may inspect the records at _____ (time) on _____ (date).		
	D E N I E D	<input type="checkbox"/> The request creates an undue burden on the public body in accordance with Section 3(g) of the Freedom of Information Act, and we are unable to negotiate a more reasonable request.	
<input type="checkbox"/> The materials requested are exempt under Section 7 _____ of the Freedom of Information Act for the following reasons: _____ _____ Individual(s) who determined request to be denied: _____ _____			
<input type="checkbox"/> Request delayed, for the following reasons (in accordance with 3(e) of the FOIA): _____. You will be notified by _____ (date) as to the action taken on your request.			
FOIA Officer		Date of Reply	