

CAROL STREAM PUBLIC LIBRARY
THE ILLINOIS FREEDOM OF INFORMATION ACT

I. A brief description of our public body is as follows:

A. Our mission is to satisfy the library service needs of a changing community and to provide its members with informational, educational, cultural, and recreational resources.

B. An organizational chart is attached.

C. The total amount of our operating budget for FY2011 is \$3,600,529

Funding sources are property and personal property replacement taxes, state and federal grants, fines, charges, and donations. Tax levies are:

1. Corporate purposes (for general operating expenditures) \$3,114,923
2. IMRF (provides for employee's retirement and related expenses) \$150,000
3. Social Security (provides for employee's FICA costs and related expenses) \$128,000
4. Audit (for annual audit and related expenses) \$5,300
5. Maintenance (for maintaining the building) \$0
6. Tort Liability (for insurance premiums, risk management, attorney's fees and related expenses, unemployment and worker's compensation insurance) \$10,000

D. The office is located at 616 Hiawatha Dr., Carol Stream, IL 60188

E. We have the following number of persons employed:

| | | |
|----|-----------|----|
| 1. | Full-time | 26 |
| 2. | Part-time | 33 |

F. The following organization exercises control over our policies and procedures: *The Board of Library Trustees of the Village of Carol Stream*, which meets on the third Wednesday of each month at 7:30 p.m. at the Library.

Its members are: Barbara Siegman, President; Mary Hudspeath, Secretary; Robert Douglas, Treasurer; Jim Bailey, Thomas Arends, Leslie Shambo and Michael Wade

G. We are required to report and be answerable for our operations to the *Illinois State Library*, Springfield, Illinois. Its members are State Librarian, Jesse White (Secretary of State), Director of State Library, Anne Craig, and various other staff.

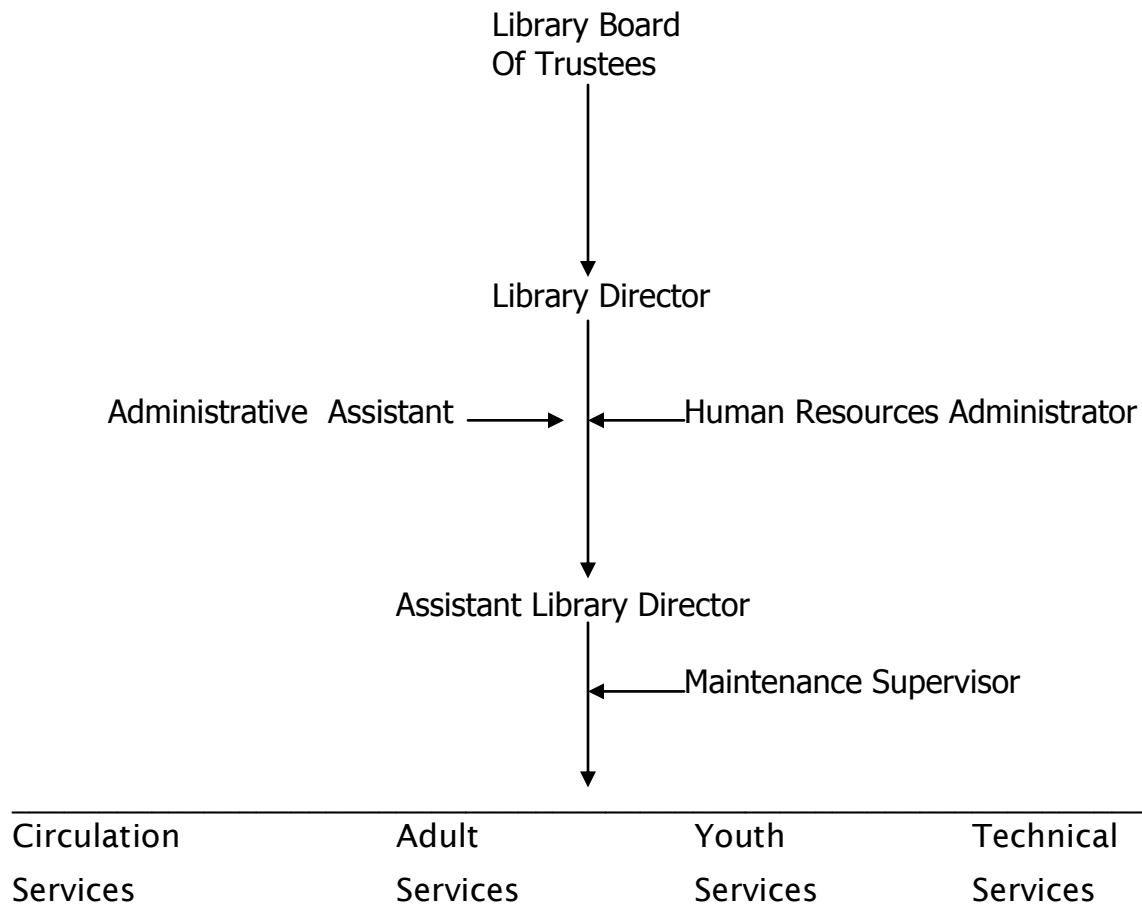
You may request the information and the records available to the public in the following manner:

- A. Use request form (see attached).
- B. Your request should be directed to the Library Director.
- C. You must specify the records requested to be disclosed for inspection or to be copied. If you desire that any records be certified, you must specify which ones.
- D. The office will respond to a written request within seven (5) working days or sooner if possible. An extension of an additional seven (5) working days may be necessary to properly respond.
- E. Records may be inspected or copied. If inspected, an employee must be present throughout the inspection.
- F. You may appeal the decision to the President of the Board of Library Trustees.
- G. The place and times where the records will be available are as follows:
 - Weekdays, 9:00 a.m. to 5:00 p.m.
 - Carol Stream Public Library, Administrative Offices
 - 616 Hiawatha Dr.
 - Carol Stream, IL 60188

III. Certain types of information maintained by us are exempt from inspection and copying. However, the following types or categories of records are maintained under our control:

- A. Monthly Financial Statements
- B. Annual Receipts and Disbursements Reports
- C. Budget and Appropriation Ordinances
- D. Levy Ordinances
- E. Operating Budgets
- F. Annual Audits
- G. Minutes of the Board of Library Trustees
- H. Library Policies
- I. Annual Reports to the Illinois State Library

Organizational Chart
Carol Stream Public Library



**CAROL STREAM PUBLIC LIBRARY
FREEDOM OF INFORMATION REQUEST**

| | | |
|---|--|--------------|
| Requestor's Name (or business name, if applicable) | Date of Request | Phone number |
| Street Address | Certification requested: | |
| City State Zip | _____ Yes | _____ No |
| Description of Records Requested: | | |
| _____ | | |
| _____ | | |
| <i>Library Response (Requestor does not fill in below this line)</i> | | |
| A P P R O V E D | <input type="checkbox"/> The documents requested are enclosed. <input type="checkbox"/> The documents will be made available upon payment of copying costs \$_____. <input type="checkbox"/> You may inspect the records at _____ on the date of _____. | |
| D E N I E D | <input type="checkbox"/> The request creates an undue burden on the public body in accordance with Section 3(f) 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) that determined request to be denied: _____ <input type="checkbox"/> Request delayed, for the following reasons (in accordance with 3(d) of the FOIA): _____. You will be notified by the date of _____ as to the action taken on your request. | |
| <p>The information required by this form is MANDATORY in order to comply with 5 ILCS 140/1. Failure to so provide may result in this form not being processed.</p> | | |
| Library Director | Date of Reply | |