



## **Freedom of Information Act Request**

The Freedom of Information Act ensures people have access to public records. Other state or federal laws, such as the Privacy and Security Act, may take precedence over the Freedom of Information Act and may prevent access to all or part of the information you have requested. The FOIA requires a reply within five (5) working days, but in most cases this process will only take a day or two excluding weekends and holidays. Copies are free up to the first fifty pages. Each page after that is \$0.15. To assist a search pertaining to your request, please complete all information requested below.

Please print legibly. Street Address: Village/State/Zip:\_\_\_\_ Phone (home):\_\_\_\_\_\_ Phone (work/cell):\_\_\_\_\_ Police Report Number: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Type of Incident (burglary, assault, etc.): Location of Incident: Persons Involved in Incident (include your name) Sex: Name: DoB: Address: Race: Name: DoB: Sex: Race:\_\_\_\_ Please send the records via: FAX PICK UP Fax:

(OVER)

## **Freedom of Information Act Request (continued)**

NO

YES

This information is requested for commercial purposes (please circle one):

Commercial purposes denotes requesters seeking to use part or all of the public records for sale, resale or solicitation or advertisement for sales or services. Month, day, year, and time records are requested: Signature of individual making request: I hereby verify that I received on the date so noted those records requested which are available for inspection under the Illinois Freedom of Information Act. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ For Official Use Only Date received: Date to return: The records so requested have been reviewed and are appropriate for release under the guidelines of the Illinois Freedom of Information Act except for the following records: Reason access was denied (list names and titles of all persons authorizing denial and specify exact section of the Illinois FOIA which applies): Signature, title, and department of employee reviewing & presenting records: Date: The records so requested were presented to such individual for inspection at on the \_\_\_\_\_ day of \_\_\_\_\_