

Freedom of Information Request Form

You must have JavaScript enabled to use this form.

Freedom of Information Request Form

Date Requested

Request Submitted By _____

Email

U.S. Mail

Fax

In Person

Name of Requester

Requestor's Email

Address _____

Address _____

Address 2 _____

City/Town _____

State/Province ▼

ZIP/Postal Code _____

Telephone

Fax (Optional)

Records Requested

*Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional papers, if necessary.

Do you want copies of the documents? _____

Yes

No

How would you like to receive your copies? _____

Email

- US Mail
- Fax
- Pick-up in person

Is this request for a Commercial Purpose?

- Yes
- No

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)). Are you requesting that the public body waive any fees for copying the documents; you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS140/6(c)).

What Type of Request?

- General Request
- Police Matters

Submit