



Police Department
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ILLINOIS FREEDOM OF INFORMATION ACT: 5 ILCS 140/1 **INFORMATION REQUEST FORM**

Name of Requestor: _____ Date: _____

Home Address: _____

Home Telephone Number: _____ Work Telephone Number: _____

REQUESTED REPORT / INFORMATION

Date of Incident: _____ Address of Incident: _____

Police Report Number: _____

Attorney Representing: _____

Incident: (Briefly Describe) _____

FOR OFFICE USE ONLY

Date Request Received:

Final Disposition: _____

Fee Charged: _____