



**City of Woodstock**  
121 W. Calhoun Street  
Woodstock, IL 60098

Phone (815) 338-4301  
FAX (815) 334-2269

citymanager@woodstockil.gov  
www.woodstockil.gov

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

Name of Requestor \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**REQUESTED REPORT / INFORMATION**

Date of Incident \_\_\_\_\_ Address of Incident \_\_\_\_\_

Police Report # \_\_\_\_\_ Attorney \_\_\_\_\_

Briefly Describe Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only

Final Disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee Charged, if any \$ \_\_\_\_\_