



# SOUTH ELGIN POLICE DEPARTMENT

## FREEDOM OF INFORMATION ACT FORM

RETURN FORM VIA:

FAX (847-888-0052) OR E-MAIL ([PDRECORDS@SOUTHELGIN.COM](mailto:PDRECORDS@SOUTHELGIN.COM))



|  |                        |   |                         |   |  |
|--|------------------------|---|-------------------------|---|--|
| REQUESTER'S NAME (AND ORGANIZATION, IF ANY):   |                        |   |                         | POLICE<br>USE<br>ONLY                       |  |
| ADDRESS, CITY, STATE, ZIP:   |                        |   |                         | FOIA NUMBER                                 |  |
| PRIMARY PHONE:   | PRIMARY PHONE<br>TYPE: | SECONDARY<br>PHONE:   | PRIMARY PHONE<br>TYPE:  | DATE RECEIVED                               |  |
| PRIMARY E-MAIL:  |                        | SECONDARY E-MAIL:   |                         | DUE DATE                                    |  |
| IS THIS FOR A COMMERCIAL REQUEST?<br>(USE FOR SALE, RESALE, SOLICITATION,<br>OR ADVERTISEMENT FOR SALES OR<br>SERVICES?)<br><br>YES                      NO  |                        | INSPECT (HOW WOULD YOU LIKE TO RECEIVE YOUR<br>RESPONSE? CHECK ONE BOX)<br><br>E-MAIL                      U.S. MAIL (STANDARD FIRST<br>CLASS MAIL)<br><br>FAX                      IN-PERSON PICK-UP |                         |   |  |
| INFORMATION/RECORDS BEING SOUGHT (I.E. REPORT #, DATES, NAMES, LOCATIONS, ETC.)  |                        |   |                         |   |  |
| UNLESS I HAVE REQUESTED AND RECEIVED A WAIVER OF FEES, I WILL PAY ALL FEES FOR THE<br>PUBLIC RECORDS COPIED OR MAILED, AT MY REQUEST, AS SET FORTH IN THE VILLAGE OF<br>SOUTH ELGIN'S CODE OF ORDINANCES SECTION 38.16. BY SIGNING THIS REQUEST,<br>I ACKNOWLEDGE AND REPRESENT THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW<br>AND THAT I UNDERSTAND THE VILLAGE'S FOIA RULES AND REGULATIONS AND THAT ALL OF<br>THE INFORMATION I HAVE PROVIDED IN SUPPORT OF THIS REQUEST IS TRUE AND ACCURATE. |                        |   | SIGNATURE OF REQUESTER: |   |  |
| POLICE USE ONLY  |                        |   |                         |   |  |
| SOUTH ELGIN POLICE DEPARTMENT RESPONSE   |                        |   |                         |   |  |
| FULL DENIAL  |                        | FULL RELEASE  |                         | PARTIAL RELEASE                             |  |
| REASON<br>FOR DENIAL:  |                        | PERSONAL<br>PRIVACY   |                         | PRIVATE<br>INFORMATION                      |  |
| FEE FOR<br>REQUEST?  |                        | YES   |                         | IF YES, AMOUNT<br>DUE: \$                   |  |
| FOIA OFFICER SIGNATURE:  |                        | DATE:   |                         | RESPONDED<br>VIA:                           |  |
| ADDITIONAL COMMENT(S):   |                        |   |                         | E-MAIL      U.S. MAIL      FAX      PICK-UP |  |
|  |                        |   |                         | ID REQUIRED<br>FOR RELEASE                  |  |