

SHOREWOOD POLICE DEPARTMENT

RECORD REQUEST FORM

Date & Time of Request _____ Date of Incident(s) _____

Name of Person Requesting _____ Contact Number () _____

Address of Call _____ Persons Involved _____

Relationship to the Call _____ Fax Number () _____

Records Requested VIEW ____ PICK UP ____ MAIL ____ EMAIL FORMAT PDF ____ ECopy ____

EMAIL ADDRESS IF SENT TO REQUESTOR: _____

FEE FOR AN ORIGINAL POLICE REPORT IS AT NO COST UP TO 50 PAGES. FEE FOR PHOTOSTATIC COPY OF AN ACCIDENT REPORT IS \$5.00 (\$20 FOR RECONSTRUCTION). FEE FOR A VIDEO TAPE/DVD/CD IS \$25

ACTION TAKEN:

_____ Compliance with request

_____ Unable to comply within five working days due to the following reasons:

- | | |
|--|---|
| _____ Requested records are kept in another location | _____ Request involves a large number of records |
| _____ Request requires an extensive search | _____ Records cannot be located-search continuing |
| _____ Records may be exempt-further review required | _____ Compliance in 5 days would be burdensome |

Records will be mailed/made available by (date) _____

_____ Partial compliance: Pursuant to section 8 of the Illinois Freedom of Information Act, certain material contained within the original request has been deleted or omitted because the material is exempt from disclosure under the following provision(s) of the act: _____

REQUEST DENIED, REASON FOR DENIAL:

_____ Disclosure prohibited by state or federal law

_____ Disclosure would result in an unwarranted invasion of personal privacy

_____ The request is too broad and compliance would disrupt the duly undertaken work of the police department. Police department staff will be available to assist you in narrowing the scope of your request.

_____ The records requested are specifically exempt under the following provisions of the Illinois Freedom of Information Act: _____

PERSON RESPONSIBLE FOR THE DECISION TO COMPLY/DENY REQUEST:

Name & Title _____ Date _____

APPEAL: You have the right to appeal this denial by filing a request for review with the Public Access Counselor (PAC) no later than 60 days after the date of the final denial. You also have the right to seek judicial review. Contact the PAC at 877-299-3642, publicaccess@atg.state.il.us, or write to

Public Access Counselor
Office of the Attorney General
500 S. 2nd Street
Springfield, Illinois 62706

CASE NUMBER(S):

Clerk Initial _____

Response Due _____