

Record Request Form

Village of Shorewood Police Department
903 W. Jefferson St.
Shorewood, IL 60404
Phone (815)725-4636 · Fax (815)730-8880



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 _____ E-Copy _____	
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 _____