



SHOREWOOD POLICE DEPARTMENT
 903 W JEFFERSON ST
 SHOREWOOD, IL 60404
 PHONE (815) 725-4636
 FAX (815) 730-8880



FREEDOM OF INFORMATION REQUEST

Date requested: _____

Name of requester: _____

Phone number: _____ Fax: _____

Address: _____

City/State/Zip: _____

Email: _____

I wish to have records sent to me via: ___ mail ___ E-mail ___ Pick-up ___ Fax

Records Requested: **Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.*

Is this request for a Commercial Purpose? YES or NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES or NO

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).

No fee for the first fifty (50) pages. ¢15 for each page after fifty (50) pages. Fee for a DVD/CD is \$1.00. Accident reports are \$5.00 per report

RECEIVED DATE: _____ DATE DUE: _____
