



MINOOKA POLICE DEPARTMENT
121 E. MCEVILLY RD.
MINOOKA, IL 60544
(815) 467-2298

DATE/TIME RECEIVED

RECEIVED BY: _____

FREEDOM OF INFORMATION REQUEST

PLEASE PRINT LEGIBLY

NAME		BUSINESS (IF APPLICABLE)		
ADDRESS		CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER		CELL OR OTHER TELEPHONE NUMBER	
EMAIL ADDRESS (IF YOU WOULD LIKE YOUR REQUEST TO BE EMAILED TO YOU)				
Pursuant to the <u>Freedom of Information Act, Chapter 5 ILCS 140</u> , I request: <input type="checkbox"/> a copy of <input type="checkbox"/> to view only				
The Following Minooka Police Department Report(s):				
TYPE/NATURE OF THE INCIDENT				
INCIDENT DATE	INCIDENT TIME	INCIDENT LOCATION		
PERSONS INVOLVED				
OTHER INFORMATION				
FEE SCHEDULE: No fees will be charged for the first fifty (50) pages of black and white, letter or legal sized copies of requested records. Fees for black and white copies of excess of fifty (50) pages, color copies, photo sheets, and other media are listed on the reverse side.				
REQUESTOR'S SIGNATURE			DATE	
Your FOIA request will be processed within five (5) BUSINESS days after receipt of your request (21 days for commercial purpose records requests) and you will be notified by telephone when your request is complete. If we are able to honor your request, you may pick up your information at the Police Department window between 8:00am and 4:30pm Monday through Friday or we will email it to the email address you provided above.				

*** DO NOT WRITE BEYOND THIS POINT *** POLICE DEPARTMENT USE ONLY ***

FOIA OFFICER ASSIGNED	DATE FOIA REQUEST IS DUE (DATE OF RECEIPT PLUS FIVE (5) BUSINESS DAYS)
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Pursuant to 5 ILCS 140, Sec 3 (e) Subsection: i ii iii iv v vi vii
 we are unable to supply the requested records at this time. The records will be made available to you in five (5) business days on:

Entire Record Provided **Partial Record Provided** **Records Request Denied**

Information has been redacted or denied in accordance with 5 ILCS 140, Sec 7-1:

- Paragraph a; Juvenile Court, Act 705 ILCS 405
- Paragraph a; All other Information Prohibited by State and Federal Laws. _____
- Paragraph b; Private Information
- Paragraph c; Unwarranted Invasion of Personal Privacy (requires notification made to Public Access Counselor)
- Paragraph d; Law Enforcement; Subsection: i ii iii iv v vi vii
- Other: _____

ADDITIONAL COMMENTS

NOTICE OF REVIEW PROCESS: Per 5 ILCS 140, Sec 9.5(a), you may request a review of a FOIA denial by the Public Access Counselor within 60 days of the denial. The request must be made in writing, signed by you, and include a copy of the FOIA request and our response. Mail your request for review to: Public Access Bureau, 500 S. 2nd St., Springfield, IL 62706. Their telephone number is 217-558-0486.

FOIA OFFICER'S SIGNATURE

DATE

DOCUMENTS PROVIDED	QTY	COST EACH	SUB-TOTAL
8 ½ x 11 ,8 ½ x 14 and 11 x 17 Black and White Copies, per side (First 50)		NO CHARGE	
8 ½ x 11, 8 ½ x 14 and 11 x 17 Black and White Copies per side (Over 50)		\$0.15	
8 ½ x 11 Color Copies, per side (any amount)		\$0.07	
8 ½ x 14 Color Copies, per side (any amount)		\$0.07	
11 x 17 Color Copies, per side (any amount)		\$0.17	
Photo Sheets Containing 3 ½ x 5 Photos		\$0.07	
CD (each CD)		\$0.50	
DVD (each DVD)		\$2.00	

TOTAL DUE:

<input type="checkbox"/> Requestor Notified	DATE AND TIME FIRST CONTACT	DATE AND TIME SECOND CONTACT
<input type="checkbox"/> Requestor Failed To Pick Up Request After Being Notified Twice		DATE RETURNED TO FILE
<input type="checkbox"/> Reports Mailed	DATE REPORTS MAILED	<input type="checkbox"/> Denial Mailed
DATE DENIAL MAILED	RECIPIENT'S SIGNATURE	DATE PICKED UP
PROVIDED BY:		