



MINOOKA POLICE DEPARTMENT  
 121 E. MCEVILLY RD.  
 MINOOKA, IL 60447  
 (815) 467-2298

DATE/TIME RECEIVED

RECEIVED BY: \_\_\_\_\_

## FREEDOM OF INFORMATION REQUEST

PLEASE PRINT LEGIBLY

NAME		BUSINESS (IF APPLICABLE)	
ADDRESS		CITY	STATE
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 Record(s):			
INCIDENT / REPORT # <i>(if known)</i>			
<i>If the Incident / Report # is unknown, complete any applicable information below to assist in records search:</i>			
TYPE/NATURE OF THE INCIDENT			
INCIDENT DATE / TIME	INCIDENT LOCATION		
PERSONS INVOLVED			
ADDITIONAL INFORMATION			
<b>FEE SCHEDULE:</b> 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 <i>(DATE OF RECEIPT PLUS FIVE (5) BUSINESS DAYS)</i>
-----------------------	---

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  
 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. 2<sup>nd</sup> 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)		<b>NO CHARGE</b>	
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 and 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	
<b>TOTAL DUE:</b>			

Requestor Notified     BY PHONE     VIA EMAIL                      DATE AND TIME FIRST CONTACT / SECOND CONTACT

Requestor Failed To Pick Up Request After Being Notified Twice                      DATE RETURNED TO FILE

Records Sent via:     EMAIL     MAIL                      DATE REPORTS SENT

Denial Sent via:     EMAIL     MAIL                      DATE DENIAL SENT

RECIPIENT'S SIGNATURE \_\_\_\_\_ DATE PICKED UP \_\_\_\_\_ RECORDS PROVIDED BY: \_\_\_\_\_