

REQUEST FOR INFORMATION Filed under the Freedom of Information (FOI) Act

Date of Request:	Date to Respond:
Requestor's Name:	
Address:	Telephone Number:
Location of Incident:	
In the spaces below, please describe the public records you are requesting. In order to expedite the search for records, please be as <u>specific as possible</u> by including as much of the following information as possible: Date/Time of Incident; Address of Incident; Case Number; Type and Nature of Incident:	
Is this request for Commercial Purposes?	Yes No
Response to Information Request	
Date of Compliance with request:	
Ву:	(Custodian of Records)
Date of Receipt of records:	
Ву:	(Requestor)
We are extending the time for response to your request for an additional (5) working days under Section 140/3(e) of the Act due to: (i–vii):	
We estimate the records requested will be available by:	
Date and time of extension notification:	
Ву:	
FOIA@SHERIFF1.COM	

111 E. ILLINDIS AVE. • MORRIS • IL • 60450 TELEPHONE 815-942-6645 FAX 815-941-3463 WWW.SHERIFF1.COM