

SYCAMORE POLICE DEPARTMENT

FREEDOM OF INFORMATION REQUEST

Direct requests to:

FOIA Officer, Sycamore Police Department, 535 DeKalb Ave Sycamore, IL. 60178

Fax: 815-895-7066

E:Mail: FOIA@Sycamorepd.com

Please complete the two boxed sections below

Name of Requesting Individual:	Today's Date:		
Address:	City:	State:	Phone:

Requests for information must be specific as possible

Report# or Records Sought: _____ Date: _____ Time: _____

What exact information is requested?

Please indicate if you would like to review the requested records or a copy of the records or both:

Review Copy Both

Are the requested records to be used for a commercial purpose? Yes No

Signature of Requestor _____

Fees: There is no fee for the first 50 black and white pages of letter or legal sized paper copies. For any additional letter or legal sized pages requested beyond the first 50, a .15 cent per page copying fee will be added. Color and oversized copies will be charged to the requestor at actual cost.

The department will respond to this request within 5 business days
(Commercial requests will be responded to within 21 days of request)

The section below is for police department use only

Request Received by: _____ Date Requested Received: ____/____/____

Completed Requests

Request turned over to: _____

Number of pages copied: _____ Cost, if any: _____

Report Number(s): _____

