



# Police Department

James E. Winters

Chief of Police

## 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](mailto: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 as specific as possible

Report Number of 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 fifty (50) black and white pages of letter or legal sized paper copies. For any additional letter or legal sized pages requested beyond the first fifty, a \$0.15 per page copying fee will be added. Color and oversized copies will be charged to the requester 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): \_\_\_\_\_