CITY OF PARK RIDGE
POLICE DEPARTMENT
200 S. VINE AVE
PARK RIDGE, IL 60068
TEL: 847/318-5252
FAX: 847/318-5308
TDD: 847/ 318-5252
www.parkridgepolice.org

FREEDOM OF INFORMATION REQUEST

Name _____ **Date** _____

Address _____ **Date of Birth** _____

_____ **Report Number** _____

_____ **Date/Time of Incident** _____

Signature _____ **Type/Nature of Incident** _____

Telephone *Home* _____ **Location of Incident** _____

Work _____ **E-Mail Address** _____

Is this information to be used for commercial purposes? Yes ____ No ____

****Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.*

Records requested:

_____

_____

Please indicate if you wish to inspect the above captioned records or wish a copy of them:

____ Inspection **____Copy** **____Both**

Do you wish to have copies certified? _____

Charges:
Certifying a document $1.00
Copying: From the copy machine - (.15 per page, after the first 50 pages for black and white, letter or legal sized)
Oversized: actual cost
Color copies: actual cost
Accident reports: $5.00 (pursuant to 625 ILCS 5/11-416)
Accident reconstruction report: $20.00 (pursuant to 625 ILCS 5/11-416)

***** OFFICE USE *****

_____ _____
Date Received Date Response Due (if no extension)

_____
Date Response Due (if extension)

Fee _____ Date Request filled _____

Explain _____

_____

Request filled by _____

Mission Statement ***The overall mission of the Police Department is to reduce the frequency and severity of external harm to persons and property; to quickly render hazardous situations safe; to rescue the endangered; to help people to live peaceably together; to maintain an atmosphere of personal security; and to identify and utilize community resources to solve criminal and social problems.***