



**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

JEFFREY S. CAUDILL
CHIEF OF POLICE

**REQUEST FOR EXAMINATION OR COPY OF RECORDS
UNDER THE FREEDOM OF INFORMATION ACT**

Date of Request: _____

Name of Requesting Party: _____

Signature: _____

Address: _____

Date of Birth: _____

City, State, Zip: _____

Telephone No.: _____

Date / Time of Incident: _____

Report Number: _____

Type / Nature of Incident: _____

Location of Incident: _____

I am requesting the following record(s) for inspection / copying (be as specific as possible): _____

I wish to receive a certified copy of the requested record(s).

(A response will be made within 7 business days of the receipt of your request)

Fees

| | |
|---------------------------|--------------------------------|
| Notarizing a document | \$1.00 |
| Copying: | |
| Reports from copy machine | \$0.25 per copy |
| Reports from microfilm | \$0.50 per copy |
| Accident Reports | \$5.00 under 625 ILCS 5/11-416 |
| Certifying a document | \$2.00 |

(See reverse side for response and right to appeal)

<http://www.ag.state.il.us/foia/foia.htm>



**RESPONSE TO
REQUEST FOR EXAMINATION OR COPY OF RECORDS
UNDER THE FREEDOM OF INFORMATION ACT
(Office Use)**

Date Request Received: _____

Date of compliance: _____

By: _____

Records Supervisor

Method of compliance: Left for pick-up on _____
Mailed copy on _____

The attached record is provided pursuant to your request.

The record requested will be provided to you upon payment of \$ _____

The record is available for inspection. Please call (847) 318-5252 to arrange an appointment with the Records Supervisor.

We are extending the time for response to your request for an additional 7 working days under Section 140/3(d) of the Act due to (I – vii): _____

We estimate the record(s) requested will be available by: _____

Date of time extension notification: _____ By: _____

Responding to this request would disrupt the duly-undertaken work of this department. We are extending the opportunity for you to confer with us to attempt to reduce the request to manageable proportions. Please contact the Records Supervisor at (847) 318-5252 to discuss simplifying this request.

The information requested is exempt from inspection, copying or disclosure under Section 140/7 of the Act for the following reasons: _____

Your request does not adequately identify the record you are seeking. You may submit a subsequent request identifying a *specific* record.

No such record is maintained.

Comments: _____

Right To Appeal

If your request for records has been denied, you have the right to appeal this decision in writing to the head of this public body, City Manager Tim Schuenke.

<http://www.ag.state.il.us/foia/foia.htm>