



# SOUTH ELGIN POLICE DEPARTMENT

## FREEDOM OF INFORMATION ACT FORM

RETURN FORM VIA:

FAX (847-888-0052) OR E-MAIL ([PDRECORDS@SOUTHELGIN.COM](mailto:PDRECORDS@SOUTHELGIN.COM))



REQUESTER'S NAME (AND ORGANIZATION, IF ANY):				POLICE USE ONLY
ADDRESS, CITY, STATE, ZIP:				FOIA NUMBER
PRIMARY PHONE:	PRIMARY PHONE TYPE:	SECONDARY PHONE:	PRIMARY PHONE TYPE:	DATE RECEIVED
PRIMARY E-MAIL:		SECONDARY E-MAIL:		DUE DATE
IS THIS FOR A COMMERCIAL REQUEST? (USE FOR SALE, RESALE, SOLICITATION, OR ADVERTISEMENT FOR SALES OR SERVICES?)		INSPECT (HOW WOULD YOU LIKE TO RECEIVE YOUR RESPONSE? CHECK ONE BOX)		
<p style="text-align: center;">YES                      NO</p>		<p style="text-align: center;">E-MAIL                      U.S. MAIL (STANDARD FIRST CLASS MAIL)</p> <p style="text-align: center;">FAX                              IN-PERSON PICK-UP</p>		
INFORMATION/RECORDS BEING SOUGHT (I.E. REPORT #, DATES, NAMES, LOCATIONS, ETC.)				
UNLESS I HAVE REQUESTED AND RECEIVED A WAIVER OF FEES, I WILL PAY ALL FEES FOR THE PUBLIC RECORDS COPIED OR MAILED, AT MY REQUEST, AS SET FORTH IN THE VILLAGE OF SOUTH ELGIN'S CODE OF ORDINANCES SECTION 38.16. BY SIGNING THIS REQUEST, I ACKNOWLEDGE AND REPRESENT THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW AND THAT I UNDERSTAND THE VILLAGE'S FOIA RULES AND REGULATIONS AND THAT ALL OF THE INFORMATION I HAVE PROVIDED IN SUPPORT OF THIS REQUEST IS TRUE AND ACCURATE.			SIGNATURE OF REQUESTER:	
<b>POLICE USE ONLY</b>				
SOUTH ELGIN POLICE DEPARTMENT RESPONSE				
*FULL DENIAL	FULL RELEASE		*PARTIAL RELEASE	*NO INFORMATION
<b>*SEE REVERSE SIDE FOR DETAILS ON HOW TO APPEAL A DENIAL.</b>				
REASON FOR DENIAL:	PERSONAL PRIVACY	PRIVATE INFORMATION	OTHER: _____	
FEE FOR REQUEST?	YES	IF YES, AMOUNT DUE: \$ _____	NO	RESPONDED VIA: E-MAIL      U.S. MAIL      FAX      PICK-UP
FOIA OFFICER SIGNATURE:		DATE:		ID REQUIRED FOR RELEASE
ADDITIONAL COMMENT(S):				



**SOUTH ELGIN POLICE DEPARTMENT**  
**FREEDOM OF INFORMATION ACT FORM**  
RETURN FORM VIA:  
FAX (847-888-0052) OR E-MAIL ([PDRECORDS@SOUTHELGIN.COM](mailto:PDRECORDS@SOUTHELGIN.COM))



**APPEALING A PARTIAL OR FULL DENIAL UNDER THE  
FREEDOM OF INFORMATION ACT**

YOU HAVE THE RIGHT TO HAVE THE DENIAL OF THE REQUEST REVIEWED BY THE PUBLIC ACCESS COUNSELOR (PAC) AT THE OFFICE OF THE ILLINOIS ATTORNEY GENERAL, 5 ILCS 140/9.5(A). YOU CAN FILE YOUR REQUEST FOR REVIEW WITH THE PAC BY WRITING TO:

**PUBLIC ACCESS COUNSELOR**  
**OFFICE OF THE ATTORNEY GENERAL**  
**500 SOUTH 2<sup>ND</sup> STREET**  
**SPRINGFIELD, IL 62706**  
**EMAIL: [PUBLICACCESS@ATG.STATE.IL.US](mailto:PUBLICACCESS@ATG.STATE.IL.US)**

YOU ALSO HAVE THE RIGHT TO SEEK JUDICIAL REVIEW OF YOUR DENIAL BY FILING A LAWSUIT IN THE STATE CIRCUIT COURT 5 ILCS 140/11. IF YOU CHOOSE TO FILE A REQUEST FOR REVIEW WITH THE PAC, YOU MUST DO SO WITHIN SIXTY (60) CALENDAR DAYS OF THE DATE OF THIS DENIAL LETTER. PLEASE NOTE THAT YOU MUST INCLUDE A COPY OF YOUR ORIGINAL FOIA REQUEST AND THIS DENIAL LETTER WHEN FILING A REQUEST FOR REVIEW WITH PAC.