



PLAINFIELD POLICE DEPARTMENT

14300 S. COIL PLUS DR.
PLAINFIELD, IL 60544
(815) 436-6544

DEPARTMENT STAMP

FREEDOM OF INFORMATION REQUEST

RECEIVED BY: _____

PLEASE PRINT LEGIBLY

*** PHOTO ID REQUIRED ***

NAME		BUSINESS (IF APPLICABLE)	
ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL OR OTHER TELEPHONE NUMBER	
Pursuant to the <u>Freedom of Information Act, Chapter 5 ILCS 140</u> , I request: <input type="checkbox"/> a copy of <input type="checkbox"/> to view only			
The Following Plainfield Police Department Police Report(S):			
This request for Plainfield Police Department public records is intended <u>for commercial purposes</u> : <input type="checkbox"/> commercial			
TYPE / NATURE OF THE INCIDENT			
INCIDENT DATE	INCIDENT TIME	INCIDENT LOCATION	
PERSONS INVOLVED:			
OTHER INFORMATION:			
FEE SCHEDULE: No fees will be charged for the first fifty (50) pages of black and white, letter or legal sized copies of requested records. Fees for black and white copies in excess of fifty (50) pages, color copies, photo sheets, document certification, and other media are listed on the reverse side.			
REQUESTOR' SIGNATURE		DATE	
Your FOIA request will be processed within five (5) BUSINESS days after receipt of your request (21 days for commercial purpose records requests) and you will be notified by telephone when your request is complete. If we are able to honor your request, you may pick up your information at the Police Department Records window between 8:00 a.m. and 6:00 p.m. Monday through Friday.			

*** DO NOT WRITE BEYOND THIS POINT *** POLICE DEPARTMENT USE ONLY ***

FOIA OFFICER ASSIGNED	DATE FOIA REQUEST IS DUE (DATE OF RECEIPT PLUS FIVE (5) BUSINESS DAYS)
<input type="checkbox"/> Photo ID shown	<input type="checkbox"/> If Request Was Faxed, A Copy Of The Photo Id Was Included

Pursuant to 5 ILCS 140, Sec 3 (e) Subsection: i ii iii iv v vi vii
 we are unable to supply the requested records at this time. The records will be made available to you in five (5) business days on: _____ .

Entire Request Provided Partial Request Provided Entire Request Denied Cancelled by Requestor

Information has been redacted or denied in accordance with 5 ILCS 140, Sec 7-1:

- Paragraph a; Juvenile Court, Act 705 ILCS 405
- Paragraph a; All other Information Prohibited by State and Federal Laws. _____
- Paragraph b; Private Information
- Paragraph c; Unwarranted Invasion of Personal Privacy (requires notification made to Public Access Counselor)
- Paragraph d; Law Enforcement; Subsection: i ii iii iv v vi vii
- Other: _____

ADDITIONAL COMMENTS

NOTICE OF REVIEW PROCESS: Per 5 ILCS 140, Sec 9.5(a), you may request a review of an FOIA denial by the Public Access Counselor within 60 days of the denial. The request must be made in writing, signed by you, and include a copy of the FOIA request and our response. Mail your request for review to: Public Access Counselor, Public Access Bureau, 500 S. 2nd St., Springfield IL 62706. Their telephone number is 217-558-0486.

FOIA OFFICER'S SIGNATURE

DATE

DOCUMENTS PROVIDED	QTY	COST EACH	SUB-TOTAL
8½ x 11 Black and White copies, per side (First 50)		NO CHARGE	
8½ x 11 Black and White copies, per side (over 50)		\$0.10	
8½ x 14 Black and White copies, per side (over 50)		\$0.15	
11 x 17 Black and White copies, per side (over 50)		\$0.25	
8½ x 11 Color copies, per side (any amount)		\$0.25	
8½ x 14 Color copies, per side (any amount)		\$0.30	
11 x 17 Color copies, per side (any amount)		\$0.35	
Certification, per document		\$3.00	
3 x 5 Photos		\$1.00	
8 ½ x 11 Photo Sheets		\$2.00	
Audio Tape (each tape)		\$4.00	
CD (each CD)		\$3.00	
DVD (each DVD)		\$5.00	
Video Tape (each tape) NOTE: Requestor provides sealed video tape		\$5.00	
Crash Reports – Standard		\$5.00	
Crash Reports – Reconstructed		\$20.00	
TOTAL DUE:			

Requestor Notified

DATE, TIME, AND METHOD OF FIRST CONTACT

DATE, TIME, AND METHOD OF SECOND CONTACT

Requestor Failed To Pick Up Request After Being Notified Twice

DATE RETURNED TO FILE

Reports Mailed

DATE REPORTS MAILED

Denial Mailed

DATE DENIAL MAILED

RECIPIENT'S SIGNATURE

DATE PICKED UP

PROVIDED BY: