WAUCONDA POLICE DEPARTMENT
FREEDOM OF INFORMATION REQUEST

The Freedom of Information Act is an act in relation to access to public records. The Act allows us five (5) business days, excluding weekends and holidays, to comply with your request. You will be notified by mail as to whether your request was approved or denied. If denied, the reason for denial will be included in your letter. If approved, your letter will indicate when and where your copy will be made available. The first fifty (50) pages are free for black and white copies. There is a .10 cents fee for each additional copied page of information. The Village may require payment of fees prior to making copies, depending on the amount of documents requested. Otherwise, fees are payable upon receipt of documents.

To assist a search pertaining to your request and help us determine your right to access, please complete the information requested below.

Your Name (PRINT) _____
Address _____
City/State/Zip _____
Telephone Number _____

INFORMATION REQUESTED

POLICE INCIDENT REPORT NUMBER (if known): _____

Incident Type: _____ Incident Date: _____
(e.g.: burglary, assault, battery)
Incident Location:
_____

Is this request for commercial purposes? YES NO

Commercial purpose means the use of any part of a public record or records, or information derived from public records, in any form, for sale, resale, or solicitation or advertisement for sales or services.

PERSONS INVOLVED IN INCIDENT - IF APPLICABLE, INCLUDE YOUR NAME
Name: _____ D.O.B.: _____

Gender: M F
Address:_____
Name: _____ D.O.B.: _____
Gender: M F
Address:_____
Name: _____ D.O.B.: _____

OTHER INFORMATION:
_____
_____
_____
_____

_____ _____
Signature Date of Request

OFFICE USE:
*Date Due*_____ *Date Extension requested*_____ *New Date Due*_____