



**City of Danville
Police Division**

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Freedom of Information Request

Under the Illinois Freedom of Information Act (§5 ILCS 140/7)

PLEASE PRINT

NAME OF REQUESTER: _____

REQUEST SUBMITTED BY: _____ EMAIL _____ U.S. MAIL _____ FAX/PHONE _____ IN PERSON

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____ EMAIL: _____

PERSON OR ENTITY REPRESENTED: _____

PUBLIC RECORD(S) REQUESTED (Provide names, addresses, dates, and any other information which will aid in responding to your request):

PLEASE SEND THE INFORMATION AS: _____ ELECTRONIC COPIES _____ PAPER COPIES

DO THE DOCUMENTS NEED TO BE CERTIFIED? YES _____ NO _____

IS THIS REQUEST FOR A COMMERCIAL PURPOSE? _____ YES _____ NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for commercial purpose without disclosing that it is for commercial purpose.)

UNLESS OTHERWISE NOTED, YOUR REQUEST FOR PUBLIC RECORDS WILL BE COMPILED WITHIN FIVE WORKING DAYS. PLEASE SUBMIT FOIA REQUESTS TO THE CITY CLERK'S OFFICE AT THE ADDRESS ABOVE. E-MAIL & FAX ARE ACCEPTED.

SIGNATURE *DATE*

ACKNOWLEDGEMENT OF RECEIPT:

(Sign below only after receiving FOIA response) I acknowledge that the City of Danville has provided me with the above information.

PRINTED NAME SIGNATURE DATE

OFFICE USE:

| | | |
|--|--------------------------|----------------------------------|
| DATE RCVD. _____ | RCVD. BY _____ | FOIA# _____ |
| DATE RESPONSE DUE _____ | DATE EXTENSION DUE _____ | |
| # PAGES _____ (1 ST 50 pages free) PD\$ _____ | # PAGES CERTIFIED _____ | (\$1.00 per document) PD\$ _____ |