

**NEW LENOX POLICE DEPARTMENT
FREEDOM OF INFORMATION REQUEST**

Fax 815-462-6101

CONTACT INFORMATION

Person Requesting Report: _____	
Address: _____	City, State, Zip: _____
Phone: (____) _____	Fax: (____) _____
Email Address: _____	
How you would like to receive your documents (i.e: email, pick-up, fax): _____	

INFORMATION REQUESTED

Please provide enough information to identify, locate and retrieve information requested, and contact the requestor

Date / Time of Incident: _____	Case Number (If known): _____
Location of Incident: _____	
Type of Incident: _____ <small>(e.g: burglary, assault, battery)</small>	
Names of persons involved in incident: _____	
Other Information: _____ _____ _____	

Will the records disclosed in this request be used for commercial purposes? Yes _____ No _____	
<input type="checkbox"/> I would like to inspect these records at the New Lenox Police Department.	
<input type="checkbox"/> I would like to obtain copies of these records.	
<input type="checkbox"/> I would like to obtain certified copies of these records. (There is an additional \$1.00 fee for each document certified)	
_____ Requestor's Signature	_____ Date of Request
NOTE: There will be a copy charge of 10 cents per black & white page after 50 pages per requestor; color pages are 18 cents per page (not to exceed 11x17), certification \$1.00 per document.	

Date Received: _____	Date Response Due: _____
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