

MOKENA, ILLINOIS POLICE DEPARTMENT

UNDER THE FREEDOM OF INFORMATION ACT, I HEREBY REQUEST THE OPPORTUNITY TO INSPECT OR HAVE THE FOLLOWING POLICE RECORD(S) REPRODUCED.
FOIA REQUESTS WILL BE PROCESSED WITHIN (5) WORKING DAYS

Date of Request: _____ Time: _____ Case # _____

Name: First: _____ Last: _____ Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Telephone: Day _____ Evening _____ Fax _____

DESCRIBE IN DETAIL THE POLICE RECORD(S) YOU ARE REQUESTING

Check One:

- Review only of the preceding police record(s) or traffic accident(s) () *No Charge*
Copy of the preceding traffic accident report (s) () *\$5.00 Charge (if applicable)*
Copy of the preceding police record(s) () *No Charge*
Copy of the preceding reconstructed traffic accident report(s) () *\$20.00 Charge*

**I UNDERSTAND THAT THE FEE SCHEDULE LISTED ABOVE WILL BE CHARGED, IF APPLICABLE, FOR EACH REPRODUCED REPORT (PURSUANT TO STATE STATUTE).
I FURTHER UNDERSTAND THAT I AM NOT ENTITLED TO RECORDS CONSIDERED HIGHLY PERSONAL OR OBJECTIONABLE TO A REASONABLE PERSON AND IN WHICH THE SUBJECT'S RIGHT TO PRIVACY OUTWEIGHS ANY LEGITIMATE PUBLIC INTEREST IN OBTAINING THE INFORMATION.**

THIS RECORD IS BEING SOUGHT TO ADVANCE A COMMERCIAL PURPOSE: ___ YES ___ NO

Signature of Person Requesting Reports

RECORDS USE ONLY

Processed By: _____ Date: _____ Time: _____

Notes: _____

FOIA OFFICER USE ONLY

Date Received: _____ Date of Required Reply: _____

Approved: _____ Denied: _____ Exemption: _____

FOIA Officer: _____