

**Somonauk Police Department
Freedom of Information Act (FOIA) Request**

◆ ◆ ◆ Please Print Legibly – Photo ID Required ◆ ◆ ◆

Name:		Business Name (If Applicable):	
Address:		City:	State: Zip Code:
Home Telephone Number:	Cellular Telephone Number:	Business / Work Telephone Number:	

Pursuant to the Freedom of Information Act, Chapter 5 ILCS 140, I request a copy of access to the following Somonauk Police Department report(s):

This request for Somonauk Police Department report(s) is for personal commercial purposes.

Type/Nature of Incident:

Incident Date:	Incident Time:	Incident Location:
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Persons Involved:

Other Information:

Fee Schedule:

No fee will be charged for the first fifty (50) pages of black and white, letter or legal sized copies of requested record(s). Fees for black and white copies in excess of fifty (50) pages, color copies, photos, document certification, and other media are listed on the reverse side.

Requestor's Signature:	Date:
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Your FOIA request will be processed within five (5) BUSINESS days after receipt of your request (21 days for commercial purpose record(s) request) and you will be notified by telephone when your request is complete. If we are able to honor your request, you will be notified of a date and time which you may pick up or examine the requested record(s).

◆ ◆ ◆ Do Not Write Below This Line - For Police Department Use Only ◆ ◆ ◆

Request Received By (Officer / ID):	Date Received:	Due Date (5 Days):
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Photo Identification Shown Faxed Request, Copy of Photo Identification Included

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

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

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

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

NOTICE OF REVIEW PROCESS: Per 5 ILCS 140, Section 9.5(a), you may request a review of a FOIA denial by the Public Counselor within 60 (sixty) days of the denial. The request must be in writing, signed by you, and include a copy of the FOIA request, and our response. Mail to: Public Access Counselor, Public Access Bureau, 500 S. 2nd St, Springfield, IL 62706.

Request Processed By (Officer/ID):

Date:

DOCUMENTS PROVIDED	QTY:	COST EACH:	SUB-TOTAL:
8 ½ x 11 Black & White Copies, per side (first 50)		No Charge	No Charge
8 ½ x 11 Black & White Copies, per side (over 50)		\$0.10	
8 ½ x 14 Black & White Copies, per side (over 50)		\$0.15	
11 x 17 Black & White Copies, per side (over 50)		\$0.25	
8 ½ x 11 Color Copies, per side (any amount)		\$0.25	
8 ½ 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	
8 ½ x 11 Photo Sheets		\$2.00	
Audio Tape (requestor must provide sealed tape)		\$5.00	
CD (per CD, requestor must provide sealed CD)		\$5.00	
DVD (per DVD, requestor must provide sealed DVD)		\$5.00	
Video Tape (per tape, requestor must provide sealed tape)		\$5.00	
Crash Report – Standard		\$5.00	
Crash Report – Reconstructed		\$20.00	
TOTAL DUE:			

Requestor Notified: Requestor Failed to Pick Up Request After Being Notified

Date, Time, Method of First Contact: _____ Date, Time, Method of Second Contact: _____

Date Returned to File: _____

Request Mailed Denial Mailed

Date Request Mailed: _____ Date Denial Mailed: _____

Recipient's Signature: _____ Date Received: _____ Provided By (Officer/ID): _____