



PARK FOREST POLICE DEPARTMENT
 FREEDOM OF INFORMATION REQUEST
 (Complying with Public Act 96-542, effective January 1, 2010)



Date Requested: _____

Requestor Name: _____
FIRST MIDDLE LAST

Address: _____
NUMBER STREET APT NUMBER CITY STATE ZIP CODE

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Fax Number: _____

METHOD REQUEST WAS SUBMITTED: In Person U.S. Mail E-Mail Fax

Case Report#: _____ Case/Report Type: _____

Additional Information (Please provide as many specific details as possible for our department to identify the information you are seeking , such as **Date, Time, Location, Individuals involved**, etc.)

Is this request being made for commercial purposes? YES NO

It is a violation of FOIA for a person to knowingly obtain a public record for commercial purpose without disclosing that its for commercial purpose. 5 ILCS 40.3.1(c)

Number of copies requested: _____ **Signature:** _____

Standard black and white copies will be provided at no charge for the first fifty (50) pages. Requestors will be charged .15¢ per page beyond fifty.

PLEASE RETURN YOUR REQUEST IN PERSON, VIA U.S. MAIL, FAX, OR BY E-MAIL TO:

**PARK FOREST POLICE DEPT
 ATTN: FOIA OFFICER
 200 LAKEWOOD BLVD
 PARK FOREST , IL 60466
 E-MAIL: pfpd.foia@vopf.com**

For further inquiries, please call (708) 748-4701 or fax (708) 748-7044

PREFERRED RESPONSE: In Person U.S. Mail E-Mail Fax

FOR OFFICE USE ONLY:

Date Received: _____ Requestor Contacted? Yes, Date: _____

Due Date: _____ Extension: _____

Delivered Via: In Person U.S. Mail E-Mail Fax

Date Completed: _____

Date Sent To Requestor: _____ Completed By: _____