

West Dundee Police Department  
Request for Examination or Copy of Records

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Date of Request \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Case No.: \_\_\_\_\_  
Type of Incident: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_  
Email Address: \_\_\_\_\_ (If you want report emailed to you)

**PLEASE PRINT INFORMATION ABOVE**

\*\*\*\*\*DEPARTMENT USE ONLY BELOW THIS LINE\*\*\*\*\*

**Response to Information Request**

Date of compliance with request: \_\_\_\_\_ By: \_\_\_\_\_

- After a diligent search, we are unable to locate any records responsive to your request.
- We are extending the time for response to your request for an additional (5) working days under Section 140/3(d) of the Act due to: (i - vii)

We estimate the records requested will be available by: \_\_\_\_\_

Date of time extension notification: \_\_\_\_\_ By: \_\_\_\_\_

- Certain information requested is exempt from inspection, copying, or disclosure under Section 7 \_\_\_\_\_ of the Act for the following reason(s):

\_\_\_\_\_

Date of denial of request: \_\_\_\_\_ By: \_\_\_\_\_

**Right to Appeal: You have a right to appeal this decision (Within 60 Calendar Days) to:**

Public Access Counselor  
Office of the Attorney General  
500 S. 2nd Street  
Springfield, Illinois 62706

Phone: 312-814-5526 or  
1-877-299-FOIA (1-877-299-3642)  
Fax: 217-782-1396  
E-mail: [public.access@ilag.gov](mailto:public.access@ilag.gov)