Request for Examination or Copy of Records

Date of Request ______________________

Name:_________________________________________ Date of Birth ______________________

Address:_________________________________________ Telephone No.: ______________________

Date/Time of Incident: _________________________ Case No.: _________________________

Type of Incident: ________________________________________________________________

Location of Incident: __________________________________________________________________

I am requesting the following record(s) for inspection/copying: ____________________________

____________________________________________________________________________________

☐ I agree to allow the redacting of dates of birth for this request.

Response to Information Request

Date of compliance with request: _________________________ By: _____________________________

☐ 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: _____________________________

☐ Your request is "unduly burdensome" and is denied. Responding to this request will disrupt the duly undertaken work of this department. We have extended the opportunity to you to confer with us in an attempt to reduce the request to manageable proportions and you have failed to do so. The reason(s) this request is unduly burdensome and the extent to which it is:

____________________________________________________________________________________

☐ The information requested is exempt from inspection, copying, or disclosure under Section 7_______ (insert specific subsection) 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 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: publicaccess@atg.state.il.us