

Request for Examination or Copy of Records

RECEIVED:
MUST REPLY BY:

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 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