

West Dundee Police Department
Request for Examination or Copy of Records

RECEIVED: MUST REPLY BY:

Date of Request _____
Name: _____ Date of Birth _____
Address: _____ Telephone No.: _____
Date of Incident: _____ Case No.: _____
Type of Incident: _____
Location of Incident: _____

*****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: publicaccess@atg.state.il.us