

**Tazewell County Sheriff's Office**  
**FREEDOM OF INFORMATION REQUEST**

The Freedom of Information Act is an act in relation to access of public records and documents. Other State or Federal laws such as the Privacy and Security Act or the Juvenile Court Act, may take precedence over the Freedom of Information Act, and may prevent your access to all or part of the information you have requested.

The Act allows us **five (5) business days, excluding weekends and holidays**, to comply with your request. If denied, the reason for denial will be included in our reply. The first fifty (50) pages are free for black and white copies. There is a 15 cent fee for each additional copied page of information. The Sheriff's Office may require payment of fees prior to making copies, depending. The Sheriff's Office may require payment of fees prior to making copies, depending on the amount of documents requested. Otherwise, fees are payable upon receipt of documents.

**Date Requested:** \_\_\_\_\_

**Request submitted by:** \_\_\_\_\_ **E-mail** \_\_\_\_\_ **U.S. Mail** \_\_\_\_\_ **Fax** \_\_\_\_\_ **In Person**

**Name of Requester:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/County Zip (required):** \_\_\_\_\_

**Telephone (Optional)** \_\_\_\_\_ **E-Mail (Optional)** \_\_\_\_\_

**Records Requested:**

**Incident Type:** \_\_\_\_\_  
(e.g.: burglary, assault, battery)

**Incident Report Number (if known):** \_\_\_\_\_ **Incident Date:** \_\_\_\_\_

**Incident Location:** \_\_\_\_\_

**Persons involved:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

***Provide as much specific detail as possible to help identify the information that you are seeking. Additional pages may be added if necessary.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you want copies of the document? YES \_\_\_ or NO \_\_\_**

-- Do you want Electronic Copies or Paper Copies \_\_\_\_\_

-- If you want Electronic Copies in what format? \_\_\_\_\_

**Is this request for a Commercial Purpose? YES \_\_\_ or NO \_\_\_**

*(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).*

**Are you requesting a fee waiver? YES \_\_\_ or NO \_\_\_**

*(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6 (c))*

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**