

**Village of Roxana Police Department
Freedom of Information Request**

Name: _____ Request Date: _____
Address: _____ Compliance Date: _____
_____ Denial Date: _____
City/State: _____ Reason for Denial: _____
Zip Code: _____
Telephone: (____) _____ Email: _____

Request Submitted to: FOIA Officer - Alyssa Troxtell
Village of Roxana Police Department
310 N. Central Avenue
Roxana, IL 62084
Fax: 618-254-1950
E-mail: atroxtell@roxana-il.org

Request Submitted by: _____ E-Mail _____ U.S. Mail _____ Fax _____ In Person

Records Requested: *Provide as much specific detail as possible to help identify the information that you are seeking. Additional pages may be attached, if necessary.*

Do you want to receive copies of the documents?: _____ YES _____ NO

Or do you want to review the documents at the Village of Roxana Police Department?:
_____ YES _____ NO

If you would like to receive copies of the document, do you want paper copies or electronic copies?: _____ Paper _____ Electronic

Is this request for a commercial purpose?: _____ YES _____ 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 it is requested to do so by the public body. 5ILCS 140.3.1(c).

Are you requesting a fee waiver? _____ YES _____ NO

If you are requesting a waiver of 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. 5ILCS 140/6(c).

Signature of Petitioner

Signature of Authority

Pages Copied: _____

Amount Due: \$_____

Return this form to the Village of Roxana Police Department by fax: 618-254-1950 or mail to: 310 N. Central, Roxana, IL 62084.

All requests will receive a response within 5 (five) business days.