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 Best Village of Roxana Police Department 310 N. Central Avenue Roxana, IL 62084 Fax: 618-254-1950 E-mail: adaniels@roxana-il.org
Request Submitted by:E-Mail	U.S. Mail Fax In Person
Records Requested: Provide as much spec that you are seeking. Additional pages may	ific detail as possible to help identify the information y be attached, if necessary.
Do you want to receive copies of the docur	nents?: YES NO
Or do you want to review the documents at YESNO	the Village of Roxana Police Department?:
If you would like to receive copies of the d copies?: Paper Electronic	ocument, do you want paper copies or 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.