

CHRISTIAN COUNTY SHERIFF'S OFFICE
CHRISTIAN COUNTY 9-1-1
FREEDOM OF INFORMATION REQUEST

Rev. 07/13

The Freedom of Information Act is an act in relation to access of public records and documents. Other State or Federal laws and acts such as the Privacy and Security Act or Juvenile Court Act, which take precedence over the Freedom of Information Act, may prevent your access to all or part of the information you have requested. To assist a search pertaining to your request and help determine your right to access, please complete the information requested below.

The Act requires a reply to you within **five (5) days**, but in most cases this process will take less time, **excluding weekends and holidays**. You will be notified by mail if your request was denied. If denied, the reason for denial will be included in your letter. If approved, your information will be provided to you in person, or upon completion and signature of this form, may be mailed to you at your expense. The fee for copies (**\$3.00 for a copied audio disc, .10 cents for each copied page of written information after the first 50 pages of black/white print, actual cost to reproduce pictures if unacceptable on CD/email**) is payable prior to or upon receipt of documents.

FOR OFFICE USE ONLY

RECEIVED (DATE/INITIALS): _____

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Person(s) you are representing (full names): _____

INFORMATION REQUESTED

CASE INCIDENT REPORT # (if known): _____ **Incident Date(s) - specific:** _____

Incident type: _____ **Incident Location:** _____
(ex.: burglary, medical, fire, battery, etc)

PERSON(S) INVOLVED IN INCIDENT: IF APPLICABLE, INCLUDE YOUR NAME

Name: _____ Sex: M F Address: _____

Name: _____ Sex: M F Address: _____

Description of incident and reason for request of records (be specific, use back of form, if necessary):

Please indicate items requested:
Offense/Incident Report: _____ Phone Recording: _____ Radio Recording: _____ Photo(s) _____
Delivery method: Mail: _____ Requestor to pick up in person: _____
Email, if possible (no charge) _____ If yes, please provide email address: _____

Requestor's Signature: _____ **Date:** _____

Mail to:
Christian County Sheriff's Office/9-1-1
Attn: FOIA Officer
301 W. Franklin St.
Taylorville, IL 62568

== FOR OFFICE USE ONLY ==

Forward to State's Attorney for review: Yes: _____ No: _____ Date Forwarded: _____

Approved: _____ Denied: _____ Reason Denied: Pending Investigation (may file later): _____

Privacy Exemption: _____ Juvenile Act: _____ Other/Special Instructions: _____

Signature of Releasing Authority: _____ Date: _____ Method: _____

Title of Releasing Authority: _____ Fee Charged: _____ Payment Method: _____