



# CITY OF MORRIS

DEPARTMENT OF POLICE  
200 E. CHAPIN STREET  
MORRIS, IL 60450

CHIEF OF POLICE  
JOHN SEVERSON  
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## REQUEST FOR RECORDS UNDER THE FREEDOM OF INFORMATION ACT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of request: \_\_\_\_\_ Time: \_\_\_\_\_

Records Requested: In the space below, please describe the public records you are requesting. In order to expedite the search for the records, please be as specific as possible. The department's FOIA officer will respond to this request within five (5) working days after receipt of the request. You will receive either a verbal or written notification from the department designating when the records may be inspected or picked up.

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

Please indicate your choice:

Copy \_\_\_\_\_ Inspection \_\_\_\_\_

FOIA Copy Fees (5 ILCS 140/6) - \$0.15 per page after the first 50 pages of black and white paper copies on letter or legal paper; fees for the actual cost of color or abnormal size copies may be charged.

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 104/6(c)).*

X \_\_\_\_\_  
Signature of person making request

*\* Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request. \**

### FOR OFFICE USE ONLY

Date Responded/Notified Requestor: \_\_\_\_\_ Initials: \_\_\_\_\_  
Copies made: Yes \_\_\_\_\_ No \_\_\_\_\_ Copies over 50: \_\_\_\_\_  
Fee: \_\_\_\_\_ Paid: Yes \_\_\_\_\_ No \_\_\_\_\_

SERVICE ★ PRIDE ★ INTEGRITY