

CITY OF MORRIS

DEPARTMENT OF POLICE 200 E. CHAPIN STREET MORRIS, IL 60450 CHIEF OF POLICE ALICIA STEFFES PHONE: (815) 942-2131 FAX: (815) 942-2853 www.morrispolice.org

REQUEST FOR RECORDS UNDER THE FREEDOM OF INFORMATION ACT

Name:					
Address:				Zip Code:	
City:	S	State:		Zip Code:	
Telephone:	1	Date of request:		Time:	
expedite the search for to this request within	or the records, please five (5) working day	e be as <u>speci</u> ys after recei	<u>ic as possible</u> . pt of the reques	ic records you are requesting. In order The department's FOIA officer will respo st. You will receive either a verbal or writ se inspected or picked up.	ond
Please indicate your c	hoice:			S 140/6) - \$0.15 per page after the first 5	
Copy Inspe	ction			e paper copies on letter or legal paper; feo or or abnormal size copies may be charged	
Is this request for a Co (It is a violation of a commercial purpose body.) (5 ILCS 140.3.	the Freedom of Info without disclosing t	ormation Ac	t for a person a commercial p	to knowingly obtain a public record for burpose, if requested to do so by the pur	or a blic
of the purpose of th	that the public body e request, and whe	waive any i ther the pri	ncipal purpose	the documents, you must attach a statem of the request is to access or dissemin the general public.) (5 ILCS 104/6(c)).	ent iate
		V			
		S	ignature of pers	son making request	
Note to Requester: Retai Counselor, you will need to	in a copy of this request 1 o submit a copy of your F	for your files. I OIA request.	f you eventually ned	eed to file a Request for Review with the Public Ac	cess
		FOR OFF	ICE USE ONLY	7	—
Date Responded/Noti	fied Requestor			Initials:	
Copies made: Yes				IIIItiais	
Fee:				No	
	SERVICE	★ pr	NIDE ★	INTEGRITY	