

West Dundee Police Department
Request for Examination or Copy of Records

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Date of Request _____
Name: _____ Date of Birth _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone No.: _____ Date of Incident: _____
Case No.: _____ Type of Incident: _____
Location of Incident: _____
Description of Requested Records: _____

Email Address: _____ (If you want report emailed to you)

PLEASE PRINT INFORMATION ABOVE

*****DEPARTMENT USE ONLY BELOW THIS LINE*****

Response to Information Request

Date of compliance with request: _____ By: _____

- After a diligent search, we are unable to locate any records responsive to your request.
- We are extending the time for response to your request for an additional (5) working days under Section 140/3(d) of the Act due to: (i - vii)

We estimate the records requested will be available by: _____

Date of time extension notification: _____ By: _____

- Certain information requested is exempt from inspection, copying, or disclosure under Section 7 _____ of the Act for the following reason(s):

Date of denial of request: _____ By: _____

Right to Appeal: You have a right to appeal this decision (Within 60 Calendar Days) to:

Public Access Counselor
Office of the Attorney General
500 S. 2nd Street
Springfield, Illinois 62706

Phone: 312-814-5526 or
1-877-299-FOIA (1-877-299-3642)
Fax: 217-782-1396
E-mail: public.access@ilag.gov