

FREEDOM OF INFORMATION REQUEST

Today's Date

Last Name (Print)

First Name (Print)

Address (Print)

City (Print)

State (Print)

Zip Code

Primary Telephone Number

E-mail Address

I hereby request to inspect or have copied the following public records:

1. _____

2. _____

****Note:** A commercial purpose is the use of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation of advertisement for sales or services, not otherwise exempt.

() The documents requested will be used for a commercial purpose** (response time is 21 business days)

() The documents requested will not be used for a commercial purpose** (response time is 5 business days)

I hereby affirm that the information provided regarding whether the request for public records is a commercial or non-commercial use is true.

Signature of Requestor

If your request is denied you have a right to file a written request for review with the Public Access Counselor, Office of the Attorney General, 500 S. 2nd Street, Springfield, IL 62706.

Received by the Mundelein Police Department

Clerk/Telecommunicator Signature

Date and Time Request Received

Date and Time Response Due

Command Officer _____
Approved

Deny

Unable to Locate Record

Cost

Date and Time

Signature of Person Receiving Record

Courage. Pride. Commitment.