

Sangamon County Sheriff's Office (SCSO)

FREEDOM OF INFORMATION

Request for Examination or Copy of Records

-PLEASE PRINT LEGIBLY AND BE SPECIFIC ON WHAT YOU ARE REQUESTING -

REQUESTORS INFORMATION: *Date of your request:* _____

Name: _____

Email Address: _____

Telephone #: _____ *Address:* _____

City, State and Zip Code: _____

Date / Time of Incident: _____ *Case Number* _____

Type of Incident (IF APPLICABLE): _____

Location of Incident (IF APPLICABLE):

I am requesting the following record(s) for inspection / copying: (If you are asking for personal information about YOU, please also include your date of birth, sex and race)

***There is a \$.15 charge per page for all pages over 50 and \$.45 per page for color copies, when available. There is a \$1.00 charge, per request, to Certify the documents.**

RESPONSE TO FREEDOM OF INFORMATION REQUEST:

Date of compliance with request: _____ *By:* _____

Date of time extension agreement: _____ *By:* _____

Should your request be denied in full or in part, you will be notified by separate letter. If so, the below information will be applicable.

REQUEST FOR REVIEW: If your request for records has been denied, in-whole or in-part, you have the right to appeal this decision to:

***Illinois Attorney General's Office
Public Access Review
500 S. 2nd Street
Springfield, Illinois 62706
217/558-0486
publicaccess@atg.state.il.us***

You may also appeal your denial through the Sangamon County Circuit Court.

THE BELOW ITEMS WILL BE COMPLETED BY SCSO PERSONNEL:

1. Date request received at SCSO: _____

2. Name of Person who received the request at SCSO: _____

3. Date response is due: _____
