Sangamon County Sheriff's Office (SCSO)
FREEDOM OF INFORMATION ACT
Request for Examination or Copy of Records

-PLEASE PRINT LEGIBLY AND BE SPECIFIC AS TO WHAT YOU ARE REQUESTING–

REQUESTOR'S INFORMATION: **Date of your request:** _____

Name*: _____

Email Address: _____**Cell #:** _____

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: ***(NOTE: If you are asking for personal information about YOU, please also include your date of birth, sex and race)***

_____

_____

_____

How would you prefer your response? (please check) **Email____; U.S. Mail____; Pick up here _____.**

***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 ACT REQUEST COMPLETED BY SCSO:

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:** _____