ST. CHARLES POLICE DEPARTMENT

FREEDOM OF INFORMATION REQUEST

REQUESTER'S NAME:			***POLICE USE ONLY***
			FOIA Number
ORGANIZATION (If any):			*Date Received*
ADDRESS:			*Due Date*
CITY:	STATE:	ZIP:	
HOME PHONE #:	CELL PHONE #:		
E-MAIL ADDRESS:			

HOW WOULD YOU LIKE TO RECEIVE YOUR RESPONSE? ☐ E-MAIL ☐ FAX ☐ CALL ME FOR PICK-UP

USE MY: ☐ HOME # ☐ CELL #

COMMERCIAL REQUEST?: ☐ YES ☐ NO (***Commercial***: Use for sale, resale, solicitation or advertisement for sales or services)

RECORDS SOUGHT (Report #/ dates/ names/ locations/ etc.)

_____ _____

SIGNATURE OF REQUESTER

The Police will respond to a request for public records within five (5) business days after its receipt.

▼ ***POLICE USE ONLY*** ▼

RESPONSE

FULL DENIAL ☐	PARTIAL DENIAL ☐	FULL RELEASE ☐	NO INFO ☐

REASON FOR DENIAL:

FEE? ☐ YES ☐ NO IF YES, HOW MUCH? $

RESPONDED: E-MAIL ☐ U.S. MAIL ☐ FAX ☐ PICK-UP ☐

_____ _____

SIGNATURE *DATE*

ADDITIONAL COMMENTS: ☐ ID NEEDED

EXTENSION ☐ DATE EXTENSION LETTER SENT _____ REVISED DUE DATE _____

DATE PAC NOTIFIED: _____ PAC RESPONSE: _____

_____

STCPD 58
REVISED 07.17.13