



# ST. CHARLES POLICE DEPARTMENT

## FREEDOM OF INFORMATION REQUEST

<i>Please type or print.</i> REQUESTER'S NAME:	<i>Date Received</i>
ORGANIZATION (If any):	<i>Due Date</i>
ADDRESS:	<i>Extension Date</i>
(CITY) (STATE)	
TELEPHONE CALL BACK #:	
ALTERNATE CALL BACK #	
E-MAIL ADDRESS:	
COMMERCIAL REQUEST: <input type="checkbox"/> YES <input type="checkbox"/> NO (Use for sale, resale, solicitation or advertisement for sales or services)	
RECORDS SOUGHT (Report #/ dates/ names/ locations/ etc.)	
(SIGNATURE OF REQUESTER)	
The city will respond to a request for public records within five (5) business days after its receipt.	
<b>CITY USE ONLY</b>	
<b>RESPONSE</b> (Attach correspondence if necessary.)	
RECORDS MADE AVAILABLE <input type="checkbox"/>	REQUEST DENIED <input type="checkbox"/>
COPIES MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON:
HOW MANY?	FEE? OTHER
(SIGNATURE) (DATE)	
<input type="checkbox"/> ID NEEDED	
(TITLE)	
DATE FIVE-DAY EXTENSION LETTER SENT _____	
DATE PAC NOTIFIED _____	
PAC RESPONSE _____	
ADDITIONAL COMMENTS:	