

ST. CHARLES POLICE DEPARTMENT

FREEDOM OF INFORMATION REQUEST

RETURN FORM VIA FAX OR E-MAIL: 630-377-1078 pdfir@stcharlesil.gov



REQUESTER'S NAME:			POLICE USE ONLY		
				FOIA Number	
ORGANIZATION (If any):				Date Received	
ADDRESS:				Due Date	
CITY:			STATE:	ZIP:	
HOME or OFFICE PHONE #	! :	CELL PI	CELL PHONE #:		
E-MAIL ADDRESS:		'			
HOW WOULD YOU LIKE TO	RECEIVE YOUR RESPONSE?	(check one)			
☐ E-MAIL ☐ U.S. MAIL	☐ FAX: #	CALL ME FO	R PICK-UP↔	e(USE MY: ☐ HM/OFC # ☐ CELL	
COMMERCIAL REQUEST?:	YES NO (Con	nmercial: Use for sale, resal	e, solicitation or	advertisement for sales or service	
RECORDS SOUGHT (Report	#/ dates/ names/ locations/ etc.)				
Per FOIA, response to a request for publ	lic records will be no later than five (5) busines	s davs after its receipt (unless th		SNATURE OF REQUESTED fied of a necessary extension).	
		USE ONLY ▼			
		PONSE			
FULL DENIAL	FULL RELEASE	PARTIAL RELEAS	$E \square$	NO INFO	
REASON FOR DENIAL : □ PI	ERSONAL PRIVACY PRIVATE INFO	OTHER			
FEE? ☐ YES ☐ NO IF	YES, HOW MUCH? \$	RESPONDED : E-MAIL	U.S. MA	AIL FAX PICK-UP	
FOIA OFFICER SIGNATURE		DATE	E		
ADDITIONAL COMMENTS:				ID NEEDED FOR RELEAS	
EXTENSION DATE CO	DMMUNICATED TO REQUESTER		EXTENSION	DUE DATE	
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PAC REVIEW REQUEST REC'D DATE:		PAC REVIEW FINAL DECISION DATE:			