POLICE DEPARTMENT
Village of Bartlett Police Department
228 S. Main Street
Bartlett, Il 60103-4495
Phone 630-837-0800
Fax 630-540-5436
www.village.bartlett.il.us

Date Received: _____
Date Due:_____
Ext. _____
F.O.I.A LOG NUMBER_____

Request for Public Records under the "Freedom of Information Act"

Date of Request _____

_____
Requestor's Name (Please Print Clearly)

_____
Company Name

_____
Mailing Address (Please Print Clearly)

_____
City State Zip

_____
(Area Code) Phone Number (Daytime/Primary)

_____
(Area Code) Phone Number (Work/Cell)

_____
Email Address

I wish to: Inspect only Receive Copy Both
(Please Circle One)

I wish to have these copies certified
(Please Circle One) Yes ($1.00 fee)
No

I wish to be contacted when my request is ready by:
(Please Circle One) Daytime/Primary Phone
Work/Cell Phone
Mail
Email

The Agency will respond to your request within FIVE (5) working days.

X **REQUESTOR'S SIGNATURE**

TYPE OF PUBLIC RECORD:
REPORT # OR CASE # (IF KNOWN):
DATE (S) OF RECORD (IF KNOWN):
LOCATION OF INCIDENT (IF KNOWN):

Is the information requested to be used for Solicitation / Commercial Purposes? Yes No
(Please Circle One)

(To be completed by agency).
RESPONSE:
Your request has been approved _____
Your request has been denied _____

Please see the attached letter of explanation_____

This request has been prepared:
By: _____
Name & Title
Date: _____

FEES:

Less than 50 pages No Charge
_____ pages @ .15 ea _____
_____ pages (oversize) _____
_____ Certification Fee @ $1.00_____
_____ Crash Report @ $5.00 _____

Total Due _____

I HAVE RECEIVED THE COPIES OF THE DOCUMENTS I REQUESTED

_____ _____
(Requestor's Signature) (Date)