

HOOPESTON POLICE DEPARTMENT

Freedom of Information Request

Requestor's Name (or Business Name)	(FOIA) Date of Request	Telephone Number	
Street Address	City	State	Zip Code
Is the reason for this request a "Commercial Purpose" as defined in the Act? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Request Submitted Via: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> In Person			
Description of Records Requested: (Please be as specific as possible: Dates, Times, Address of Incident)			

Do Not Write Below This Line -- For Departmental Use Only
Completion Date by: _____

A P P R O V E D	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	The document(s) requested on enclosed _____ You may inspect the records at _____ at the specified date and time of _____ The documents will be made available upon payment of copying costs of \$ _____ For Commercial requests only, the estimated time when the documents will be available is _____, at the prepaid costs stated above.
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D E N I E D	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Request creates an undue burden on the public body in accordance with Section 3 (g) of the Freedom Of Information Act and we are unable to negotiate a more reasonable request. The materials requested are exempt under Section 7 _____ of the Freedom Of Information Act for the following reasons: _____ _____ Name and Title of official determining the request to be denied: _____ _____ In the event of a denial, you have the right to seek review by the Public Access Counselor at (217) 558-0486 or 500 South Second Street, Springfield, Illinois 62705 or you have the right to a judicial review under Section 11 of FOIA. Request delayed for the following reason(s) in accordance with 3 (e) of the FOIA: _____ You will be notified by the date of: _____, as to the action taken on your request.
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NOTE: This form cannot be MANDATORY under FOIA, but it is preferred.
 Failure to use this form may result in the request not being properly or promptly processed.

FOIA Officer	Date of Reply:	Time of Reply:
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