

Village of Coal Valley/Coal Valley Police Department
Official Request For Public Records
Under The Illinois Freedom Of Information Act

Date Stamp Here
Upon Receipt

Requestor Information:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE(S): _____

Please describe below the public records you are requesting. To expedite the search, please be as specific as possible. If known, please also include date(s) of requested records.

Date & Time of Incident or Case Report # if known (Police) _____

The above records are requested for: Inspection Copy Certification

I would like to receive my copies by: Mail Pick Up Email Fax _____

(Standard black and white photocopies will be provided at no charge for the first fifty (50) pages. Requestor will be charged 15¢ per page beyond fifty. Certification is \$1 per document.)

Is this request being made for a commercial purpose? Yes No

NOTE: "Commercial purpose" means the use of any part of a public record or any information derived from a public record in any form for sale, resale, or solicitation or advertisement for sales or services. It is a violation of the Freedom of Information Act to knowingly obtain information for a commercial purpose without disclosing that intent to the Village.

The Village of Coal Valley/Coal Valley Police Department will respond to this request within five (5) business days. If responding to the request requires an extension of time of up to five (5) additional business days, the requestor will be sent notice in writing. Commercial requests will receive a response within twenty-one (21) business days.

(Requestor Signature)

(Date)

Mail/Deliver to: Annette Ernst/FOIA Officer Village
Penny Woods/FOIA Officer Village
Amber Dennis/FOIA Officer Village
900 1st Street – P.O. Box 105
Coal Valley, IL 61240
VillageofCV@coalvalleyil.org
Phone: 309-799-3604 Facsimile: 309-799-3651

Amber Dennis, FOIA Officer Village / Police
Chief Jack Chick FOIA Officer- Police
900 1st Street/P.O. Box 121, Coal Valley, IL 61240
CoalValleyPD@coalvalleyil.org
Phone (309) 799-5416 Facsimile: (309) 799-3651

FOR OFFICIAL USE ONLY

Request Received By: _____ Completed By: _____ Date: _____

Document(s) made available on: _____ Inspection Pickup U.S. Mail Email

Fees Collected: \$ _____ /Copies \$ _____ /Certification \$ _____ /Other

COMPLETE BELOW IF ACCESS TO ANY RECORD(S) IS DENIED

Reason for Denial (cite FOIA exemption): _____

Name/Title of Officer Issuing Denial: _____

Date of Response: _____ Attach copy of all written responses for file.