



Chillicothe Police Department

823 N. Second Street - Chillicothe, IL 61523

Scott M. Mettille

Chief of Police

Phone: 309-274-2129

Fax: 309-274-3930

CHILICOTHE POLICE DEPARTMENT

FREEDOM OF INFORMATION REQUEST FORM

The Freedom of Information Act ensures people have access to public records. Other state or Federal Laws, such as the Privacy and Security Act, may take precedence over the Freedom of Information Act and may prevent access to all or part of the information you have requested. The FOIA requires a reply with five (5) working days, but in most cases this process will only take a day or two excluding weekends and holidays. Copies are free up to the first fifty pages. Each page after that is \$0.15. To assist a search pertaining to your request, please complete all of the information requested below.

RECORDS WILL BE SENT VIA EMAIL. IF YOU DO NOT HAVE AN EMAIL ADDRESS RECORDS WILL BE MAILED.

EMAIL ADDRESS: _____

PLEASE PRINT LEGIBLY

Name: _____

Street Address: _____

City/State/Zip: _____

Phone (home): _____ Phone (cell) _____

Police Report Number: _____ Date of Incident: _____

Type of Incident: (Burglary, Assault, etc.): _____

Location of Incident: _____

PERSONS INVOLVED IN INCIDENT (INCLUDE YOUR NAME)

Name: _____ Date of Birth: _____ Sex: _____

Address: _____ Race: _____

Name: _____ Date of Birth: _____ Sex: _____

Address: _____ Race: _____



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DATE OF REQUEST

Month: _____ Day: _____ Year: _____

Individual making request: _____
(Please Print)

Signature of individual making request: _____

Signature of Officer Accepting request form: _____

FOR OFFICIAL USE ONLY

Date request received: _____

Date request sent: _____

Reason request was denied (list name of person authorizing denial and specify exact section of the Illinois FOIA which applies): _____

Request was fulfilled via: Email Mail Picked Up (Circle One)

Signature of employee reviewing and presenting records: _____