BELLEVILLE POLICE DEPARTMENT
720 West Main Street, Belleville, Illinois 62220

RECORD REQUEST FORM

Date & Time of Request _____ Date of Incident(s) _____

Name of Person Requesting _____

Address _____ Names of Persons Involved_____

_____ _____

Area Code & Phone _____ **Records Requested:** I would like to

INSPECT/VIEW ONLY these records. I would like to obtain copies of these records: VIA MAIL

IN PERSON. Accident Burglary Theft Vehicle Theft Other _____

_____

A FEE FOR COPIES APPLY. A FEE SCHEDULE IS POSTED AT THE RECORDS ROOM AND AVAILABLE UPON REQUEST. ADDITIONAL FEES MAY BE APPICABLE.

ACTION TAKEN:

Complied with the request.

Unable to comply within seven working days due to the following reasons:

Requested records are kept in another location.
Request requires an extensive search.
Records may be exempt-further review required.
Request involves a large number of records.
Records cannot be located-search continuing.
Compliance in 7 days would be burdensome.

Records will be mailed/made available by (date) _____

PARTIAL COMPLIANCE: Pursuant to Section 8 of the Illinois Freedom of Information Act, (5 ILCS 140) certain material contained within the original request has been deleted or omitted because the material is exempt from disclosure under the following provision(s) of the act: _____

_____

REQUEST DENIED, REASON FOR DENIAL:

Disclosure prohibited by state or federal law.
Disclosure would result in an unwarranted invasion of personal privacy.
The sole purpose for the request is to further a commercial enterprise.
The request is too broad and compliance would unduly burden or interfere with the operations of the police department. Police department staff will be available to assist you in narrowing the scope of your request.
The records requested are specifically exempt under the following provisions of the Illinois Freedom of Information Act: _____

_____

PERSON RESPONSIBLE FOR THE DECISION TO COMPLY/DENY REQUEST:

Name & Title _____ Date _____

APPEAL: You are hereby notified that you have the right to appeal this decision to the Mayor of Belleville who will make a decision to either affirm the denial of disclosure or to allow disclosure within seven (7) working days after notice of appeal is filed. Such notice of appeal must be filed within fourteen (14) working days of notification of denial. If the decision to deny the request is affirmed by the Mayor, you have the right appeal this decision to the Circuit Court of St. Clair County.

Person completing this form: _____ **Date filed**: _____

Working days Do Not include Weekends and Holidays.