

# **FREEDOM OF INFORMATION REQUEST INSTRUCTIONS**

Fill out only the top portion of the request form.

Requestor's Name: Enter your name  
Agency: Leave Blank  
Address & Zip: Your current address  
Telephone: Your current phone # - if separate numbers for day and night, please list both.  
Date of Birth: Your date of birth  
Driver's License #: Your Driver's License or State ID Card #  
Other: Other type of Government issued identification such as a passport or Military ID.  
Records Sought: Please specify the information you are requesting a copy of. For instance:

- Specify the name of the person(s) included in the report(s) you are requesting.
- Specify the date of the incident(s)/report(s) you are requesting.
- Include any report numbers in your request if possible.
- Specify if you are requesting a copy of any pictures included in the report.

Signature of Requestor: Your signature

Stop at this point and turn in your Freedom of Information Request (FOIA) form to the Mt. Zion Police Department. You will receive a phone call when your request is ready to be picked up.

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## ***Please Note:***

- Pursuant to the Illinois Vehicle Code (625 ILCS 5/11-416) there will be a fee of \$5 for obtaining a copy of a traffic accident report. Payment may be made with cash or check only.
- If a requested report contains more than 50 pages, a fee will be required.
- Some items within a report may be redacted if it contains private information that does not belong to the requestor.
  - Section 2(c-5) of FOIA (5 ILCS 140/2(c-5) (West 2010), defines "private information" as: unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person.
- Juvenile reports cannot be released as a part of a FOIA request.
  - Juvenile Court Act of 1987 (JCA) (705 ILCS 405/1) (West 2010)
    - The Juvenile Court Act mandates that reports in which a minor was arrested, charged or investigated must be withheld in full.
    - Reports in which minors are the victims of sex crimes or are incidentally mentioned are not exempt in full, but the names of the minors may be redacted. Under the Juvenile Court Act, a public body is required to withhold information identifying an alleged minor victim of a sex crime.
- There may be other reasons that a report or information within a report are exempt from a FOIA request. If we are unable to fulfill your request, an explanation will be provided to you in writing along with a copy of your original FOIA request.
  - If your request is denied, you may file an appeal. An address will be provided to you to file an appeal should your request be denied.
- Valid Government identification must be provided by the requestor when picking up any FOIA requested documents.

# FREEDOM OF INFORMATION REQUEST

Requestor's Name \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

## **Verification of Identification Necessary:**

Driver's License # \_\_\_\_\_ State I.D.# \_\_\_\_\_

Other: \_\_\_\_\_

Records Sought (be specific):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

The agency will respond to a request for public record within five (5) working days after its receipt. If your request is denied, you may file an appeal. An address will be provided to you to file an appeal should your request be denied. **\*\* See previous page for additional information. \*\***

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Date Request Received: \_\_\_\_\_ Agency: Mt. Zion Police Department

Name and Title of Person Receiving Request:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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## **RESPONSE:**

Records Made Available: \_\_\_\_\_

Request Denied and Why: \_\_\_\_\_

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Copies Made: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many \_\_\_\_\_ Fee \_\_\_\_\_

Other (Attach Correspondence) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Comments: \_\_\_\_\_

## **PICK UP INFORMATION:**

Verification: (DL #) \_\_\_\_\_ (I.D. #) \_\_\_\_\_

Other: \_\_\_\_\_

Verified By Employee: \_\_\_\_\_ Date & Time \_\_\_\_\_