City of Charleston Police Department
Freedom of Information Act Request Form

Written request for inspection or copying of Public Records pursuant to the Freedom of Information Act.

Return to City of Charleston Police Administration, 614 6th Street, Charleston, IL 61920 or email to: charlestonilpdfoia@co.coles.il.us

Name of person making request: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Email Address: _____

Describe the Public Records you are requesting – be specific, i.e. date, participants, etc.:

Date of incident:_____ **Report Number:** _____

Location of incident: _____

Full name and Date of birth of Person(s) involved: _____

Additional Information: _____

_____

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_____

Do you want to inspect records only or receive copies only? **Inspect** or **Receive copies**
(circle one)

The above-requested records are for the purpose of furthering a commercial enterprise. **Yes** or **No**
(circle one)

_____ _____
Signature of person making request *Date*

The Charleston Police Dept will respond to the above request within five (5) business days from the date requested. Or within twenty-one (21) business days in the case of requests for commercial purposes. Unless one or more reasons for an extension of time, as set forth in 5 ILCS 120 is invoked by the City.