ROBBINS POLICE DEPARTMENT
FREEDOM OF INFOMATION REQUEST
(COMPLYING WITH PUBLIC ACT 96-542)

Date Requested:_____

Requestor Name:_____
First Middle Last
Address:_____
Number/Street City State Zip

Home Phone:_____ Cell Phone:_____
Email Address:_____ Fax:_____

Method request was submitted: ___ In person ___US Mail ___ E-mail ___ Fax (check one)

Case report:_____ Case/Report type:_____

Additional information:(Please provide as many details as possible for our department to identify the information you are seeking such as Date, Time, Location, Individuals involved, etc.,)

Is this request being made for commercial purposes? _____ YES _____ No
It is a violation of FOIA for a person to knowingly obtain a public record for commercial purpose without disclosing that it's for commercial purpose. 5ILCS 40.3.1(c)

Number of copies requested: _____ Signature:_____
Standard black and white copies will be provided at no charge for the first fifty (50) pages. Requestors will be charged .15 cents per page beyond 50.
COPIES OF ALL POLICE REPORTS ARE $15.00 AVAILABLE IN 3 TO 5 DAYS BUSINESS DAYS

PLEASE RETURN YOUR REQUEST IN PERSON, VIA U.S. MAIL, OR BY E-MAIL TO:
Robbins Police Department
Attn: FOIA Officer
3323 W. 137th Street
Robbins, IL 60472
E-Mail: kmcclenton@robbins-il.com
PREFERRED RESPONSE: _____ In person _____U.S. Mail _____E-Mail

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FOR OFFICE USE ONLY:
Date received:_____Requestor Contacted? _____Yes, Date:_____
Due Date:_____Extension:_____
Delivered via: _____ In person _____U.S. Mail _____E-Mail
Date completed: _____ Sent to Requestor _____ Completed by:_____