



RIVER FOREST POLICE DEPARTMENT
400 PARK AVENUE
RIVER FOREST, ILLINOIS 60305
708-366-7125
pdfoia@vrf.us

Date Received: _____

Date Due: _____

Requestor ID Yes No

The Freedom of Information Act exempts police records from full and partial disclosure under certain circumstances. The Police Department must review your request consistent with these requirements. After Review, you will either receive a copy of the requested report, or a copy of this form indicating why your request for the records has been denied.

Our agency will respond to your request within 5 business days.

To obtain a copy of a police report, please complete the information requested below and provide photo identification (the department will photocopy and retain this as proof of identification). There may be a fee to pay the cost of copying the record(s).

PLEASE PRINT CLEARLY

PERSON MAKING REQUEST _____

VICTIM / DRIVER'S NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ DAYTIME PHONE # _____

TYPE OF POLICE REPORT _____ REPORT # _____
(Accident/Incident/Theft/Etc..)

DATE / TIME / LOCATION OF INCIDENT _____

(PLEASE SUPPLY ANY ADDITIONAL INFORMATION ABOUT REPORT)

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE DOCUMENTS (i.e. e-mail, pick-up, fax):

SIGNATURE _____ DATE _____

YOUR REQUEST FOR THE ABOVE RECORD HAS BEEN:

- [] APPROVED AND SENT BY U.S. MAIL ON _____
- [] PARTIALLY APPROVED WITH INFORMATION DELETED PURSUANT TO **SECTION 7 OF THE FREEDOM OF INFORMATION ACT** AS INDICATED ON THE REVERSE SIDE OF THIS FORM
- [] DENIED PURSUANT TO **SECTION 7 OF THE FREEDOM OF INFORMATION ACT** AS INDICATED ON THE REVERSE SIDE OF THIS FORM
- [] DENIED SINCE THE REQUEST CREATES AN UNDUE BURDEN ON THE PUBLIC BODY IN ACCORDANCE WITH **SECTION 3 OF THE FREEDOM OF INFORMATION ACT**
- [] RECORDS DENIED BY _____

DENIAL OF REQUEST FOR RECORDS

YOU HAVE THE RIGHT TO APPEAL THE DENIAL OF THE RECORDS YOU HAVE REQUESTED BY SUBMITTING A WRITTEN NOTICE OF APPEAL TO:

**Attorney General's Office
Public Access Counselor
500 S. 2nd Street
Springfield, Illinois 62704
Fax: 217-782-1396
Email: publicaccess@atg.state.il.us**

IN SUBMITTING YOUR NOTICE OF APPEAL, YOU SHOULD INCLUDE A COPY OF THIS FORM. YOUR REQUEST FOR REVIEW MUST BE SUBMITTED WITHIN 60 CALENDAR DAYS OF THE PUBLIC BODY'S FINAL RESPONSE.