

REQUEST FOR PUBLIC RECORDS

TO: CHIEF OF POLICE
Woodridge Police Department
7215 Janes Avenue
Woodridge, IL 60517

FAX TO: (630) 719-0811
PDFoia@woodridgeil.gov

FROM: _____
Name

Street Address

City State Zip Code

Phone Number Fax Number

Email Address

SPECIFIC DESCRIPTION OF REQUESTED RECORD(S):

(NOTE: Requests may be exempt under the provision of the Freedom of Information Act.)

Is this request being made for commercial purpose? Yes No

[NOTE: IT IS A VIOLATION OF THE FREEDOM OF INFORMATION ACT FOR A PERSON TO KNOWINGLY OBTAIN A PUBLIC RECORD FOR A COMMERCIAL PURPOSE WITHOUT DISCLOSING THAT IT IS FOR A COMMERCIAL PURPOSE.]

Please indicate if you wish to inspect the above referenced record(s) or what type of copies you would like to receive:

Inspection Printed Copy Electronic Copy Certified Copy

FOR CLERK'S OFFICE USE ONLY

Date Received: _____ Date Response Due: _____

Comments: _____

Date: _____

My signature confirms that I have received the response to my Freedom of Information Request.

Printed Name

Signature