

BRAIDWOOD POLICE DEPARTMENT FOIA REQUEST

Date Requested:	
Request Submitted By: E-Ma	ail U.S. Mail Fax In Person
Name of Requestor:	
Street Address:	
City/State/Zip (required):	
Telephone:	E-Mail (optional):
	ses, location of incident, dates if known (or approximate date of incident), I information you are able to provide about the incident, the more likely it will
	Paper Copies? what format?
	poses? YES or NO tion Act for a person to knowingly obtain a public record for a commercial ommercial purpose, if requested to do so by the public body. 5 ILCS
	vaive any fees for copying documents, you must attach a statement of the nciple purpose of the request is to access or disseminate information regarding
	RECORDS USE ONLY
Request Received:	
Request Completed:	
Requestor Notified:	
Picked up by:	Date: