

Village of Palestine Police Office

Dan Cheadle ~ Chief of Police



301 S Main St. Palestine IL 62451
Phone: 618-586-2464; Fax: 618-586-9741
E-Mail to palestinepolice.180@gmail.com

Date of FOIA Request: _____

Name of Requester: _____

**Note to Requester – Retain a copy of this Request for your files. If you need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.*

Street Address: _____

City, State, Zip (required): _____

Telephone: _____ **E-Mail (Optional):** _____

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking including the case number, if known. You may attach additional pages, if necessary.*

Do you want copies of the documents requested: _____ YES _____ NO

Do you want electronic copies or paper copies? _____

If you want electronic, indicate in what format. _____

Is this request for a Commercial Purpose? _____ YES _____ NO

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, if requested to do so by the public body. 5 ILCS140.3.1(c)

Are you requesting a fee waiver? _____ YES _____ NO

If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6 (c)

Administrative Use Only:

Request Submitted By: _____ **E-Mail** _____ **U.S. Mail** _____ **Fax** _____ **In Person**

Date Request Received by Office: _____ **Date Request Due:** _____

Request Approved: _____ **YES** _____ **NO** **Date Request Completed:** _____