



**FREEDOM OF INFORMATION ACT
REQUEST FORM**

City of Sterling
212 3rd Avenue
Sterling, IL 61081
Phone 815-632-6640
FAX 815-632-6675

STERLING POLICE DEPARTMENT

Date of Request: _____ I wish to INSPECT/RECEIVE COPY/BOTH (Circle One)

Name: _____ Date of Birth: _____ (Optional)

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone: _____

**PURSUANT TO 5 ILCS 140/1 et seq., "FREEDOM OF INFORMATION ACT", I REQUEST THE
FOLLOWING PUBLIC RECORD(S) FROM THE CITY OF STERLING.**

***In order to expedite your request, please be as specific as possible in describing the document(s) you are
requesting***

Case # _____ Date of Incident _____ Time of Incident _____

Location of Incident _____

Description:

The request is **is** **is not** (choose one) for a commercial purpose.

I understand that the Sterling Police Department must respond to this request within five (5) business days. I further understand if this request is denied I have a right to appeal this decision in writing to the Public Access Counselor of the Attorney General's office within 60 days of receiving the denial. Please see back for contact information.

Requesting Party's Signature: _____ Date: _____

Case # of requested records _____

Case # of this request _____

RESPONSE TO REQUEST OF PUBLIC RECORDS

____ We are extending time to respond to your request an additional 5 business days under Section 140/3(d) of the Freedom of Information Act due to (i-vii). We estimate the records requested will be available by_____.

____ Your request is "unduly burdensome" and is denied. Responding to this request would disrupt the duly undertaken work of this department. We have extended to you an opportunity to confer with us in an attempt to reduce the request to manageable proportions. You have failed to respond to this invitation. The reasons your request has been deemed "unduly burdensome" is as follows:

____ Your request for records has been approved by_____ Date _____

____ Your request for records has been denied in-whole. (see below)

____ Your request for records has been denied in-part. (see below)

The following information is exempt from inspection, copying or disclosure under Section 7 of the Act for the following reasons:

Public Access Counselor
Office of the Attorney General
Springfield, Illinois 62706
Phone:
1-877-299-FOIA
(1-877-299-3642)
Fax: (217) 782-1396

Notes: _____

Date of Receipt of Records _____ **By** _____
Requestor

For Official Use Only

Date Request Received: _____ By: _____

Date Request Due: _____

Date Request Fulfilled: _____ By: _____

Date Extention Requested: _____ By: _____

Date Extention Granted: _____

Date Now Due: _____ Date Requestor Notified Ready: _____

Date of Request Denial _____ By: _____