



**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 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 _____