



**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 \_\_\_\_\_