Livingston County Sheriff's Police (LCSP)

FREEDOM OF INFORMATION

Request for Examination or Copy of Records

PLEASE PRINT LEGIBLY AND BE SPECIFIC ON WHAT YOU ARE REQUESTING

REQUESTORS' INFORMATION: Date of your request: _____

Name: _____

Email Address: _____

Telephone #: _____ ***Address:*** _____

City, State and Zip Code: _____

Date / Time of Incident: _____***Case Number*** _____

Type of Incident **(IF APPLICABLE)*:*** _____

Location of Incident **(IF APPLICABLE)*:***

_____

I am requesting the following record(s) for inspection / copying:*(If you are asking for personal information about YOU , please also include your date of birth, sex and race)*

****There is a $ .15 charge per page for all pages over 50 and $ .45 per page for color copies, when available.****

RESPONSE TO FREEDOM OF INFORMATION REQUEST:

Date of compliance with request: _____ ***By:*** _____

Date of time extension agreement: _____ ***By:*** _____

Should your request be denied in full or in part, you will be notified by separate letter. If so, the below information will be applicable.

REQUEST FOR REVIEW: If your request for records has been denied, in-whole or in-part, you have the right to appeal this decision to:

Illinois Attorney General's Office
Public Access Review
500 S. 2nd Street
Springfield, Illinois 62706
217/558-0486
publicaccess@atg.state.il.us

You may also appeal your denial through the Livingston County Circuit Court.

THE BELOW ITEMS WILL BE COMPLETED BY LCSP PERSONNEL:

1. **Date request received at LCSP:** _____
2. **Name of Person who received the request at LCSP:** _____
3. **Date response is due:** _____