

_____ Date Due _____ Date Extension requested _____ New Date Due _____

**VILLAGE OF SOUTH JACKSONVILLE POLICE DEPARTMENT
FREEDOM OF INFORMATION REQUEST**

The Freedom of Information Act is an act in relation to access to public records. The Act allows us **five (5) business days, excluding weekends and holidays**, to comply with your request. You will be notified by mail as to whether your request was approved or denied. If denied, the reason for denial will be included in your letter. If approved, your letter will indicate when and where your copy will be made available. The first fifty (50) pages are free for black and white copies. There is a .10 cents fee for each additional copied page of information. **The Village may require payment of fees prior to making copies, depending on the amount of documents requested.** Otherwise, fees are payable upon receipt of documents.

To assist a search pertaining to your request and help us determine your right to access, please complete the information requested below:

Your Name (please print) **Street Address**

City **State/Zip** **Telephone Number**

INFORMATION REQUESTED

POLICE INCIDENT REPORT NUMBER (if known): _____

Incident Type: _____ Incident Date: _____
(e.g.: burglary, assault, battery)

Incident Location: _____

Is this request for commercial purposes? **YES** **NO**

Commercial purpose means the use of any part of a public record or records, or information derived from public records, in any form, for sale, resale, or solicitation or advertisement for sales or services.

PERSONS INVOLVED IN INCIDENT: IF APPLICABLE, INCLUDE YOUR NAME

Name: _____ D.O.B.: _____ Sex: ___F ___M

Address: _____

Name: _____ D.O.B.: _____ Sex: ___F ___M

Address: _____

OTHER INFORMATION: _____

YOUR SIGNATURE

DATE OF REQUEST