



# POLICE DEPARTMENT

Village of Fox River Grove

305 Illinois Street

Fox River Grove, Illinois 60021

Telephone: 847-639-2411 Fax: 847-639-5494

*Email completed form to: [frgpdrecords@foxrivergrove.org](mailto:frgpdrecords@foxrivergrove.org)*



## FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

Requester Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Today's Date \_\_\_\_\_

Please describe the records you are requesting. In order to expedite the search for the records, please be as specific as possible. An additional description page maybe attached.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mark the format you are requesting:

I will inspect these records at the Fox River Grove Police Station.

I request these copies be sent to the email address provided above.

I request hard copies of these records to be picked up at the Fox River Grove Police Station.

The Fox River Grove Police Department will respond to this request within five (5) business days. There is no charge for the first 50 pages of black and white, letter or legal size copies, after that the cost will be \$0.15 per page. Other types of records will be charged at the actual cost of reproduction. Certification cost is \$1.00 per record, plus copy cost.

By signing this request, I acknowledge and represent that I have reviewed and understand the Fox River Grove Police Departments Rules and Regulations for Implementation of the Illinois Freedom of Information Act and all the information provided is true and accurate. I agree to date of birth redactions made on all records.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date