



OAK PARK DEPARTMENT OF PUBLIC SAFETY

FREEDOM OF INFORMATION / DISCOVERY REQUEST

REQUESTOR'S NAME/PHONE #: _____

ATTORNEY NAME/PHONE #: _____

DESCRIPTION OF PUBLIC RECORD(S) REQUESTED *PLEASE BE SPECIFIC.*

If the request is unclear, it could prevent the Department of Public Safety from providing the documentation/information. Include information such as location, incident number, date of occurrence, person(s) involved, time frame of records requested, etc.

REQUESTING (SELECT ALL THAT APPLY):

REPORTS <input type="checkbox"/>	PHOTOS <input type="checkbox"/>	911 & RADIO TRANSMISSIONS <input type="checkbox"/>	PATROL CAR VIDEO <input type="checkbox"/>	BOOKING VIDEO <input type="checkbox"/>
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SIGNATURE: _____ **DATE:** _____

PREFERRED METHOD OF DELIVERY:

IN PERSON PICK UP <input type="checkbox"/>	FAX* <input type="checkbox"/>	EMAIL* <input type="checkbox"/>	MAILING ADDRESS* <input type="checkbox"/>
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* PLEASE NOTE FAX NUMBER / EMAIL ADDRESS / MAILING ADDRESS:

<u>FOR OFFICE USE ONLY</u>	
DATE RECEIVED:	_____
PROCESSED BY:	_____
CASE #	_____

DATE COMPLETED:	_____
FEE:	_____