

REQUEST FOR INSPECTION/COPY OF PUBLIC RECORD

Date of Request: _____

Specific Record Being Requested: _____

For Inspection Only: Yes _____ No _____ Copy of Record Requested: Yes _____ No _____

Means of Delivery: _____

By my signature below, I acknowledge that photocopies are 15¢ per page after the first 50 pages, audio/electronic fees will be the cost of purchasing the recording medium, and if copies are to be mailed to me, the copies must be mailed via certified mail at my expense at a cost of approximately \$6.96 plus any additional postage required. I also understand that all fees must be prepaid. Commercial requesters will be charged \$10 for each hour spent searching for & retrieving a requested record, or examining the record for necessary redactions.

Requested By: _____

Name

Signature

Mailing Address

(Area Code) Phone Number

City/State/Zip

Please submit the completed form to the Police Station, 320 S. Whittle Avenue, Olney, IL 62450.

This form may also be faxed to (618) 395-7304.

*****OFFICE USE ONLY*****

Date and Time Request Received: _____ Person Accepting Request: _____

Request Received: By Mail _____ By Telephone _____ Walk-In _____

Fees: No Charge _____ Cost to Provide Copy \$ _____ Fee Receipt # _____

Date Record Provided: _____

Means of Delivery: _____

Place, Time and Date Record Available for Inspection: _____

Explanation for Cause for Delay (If Applicable): _____

If Request is Denied, Date Request Forwarded to Admin. Asst. for Denial: _____

Date Written Statement by Admin Asst. Explaining Denial Provided: _____

