



DEPARTMENT OF POLICE

Village of Fox River Grove

305 Illinois Street
Fox River Grove, IL 60021
847-639-2411

Ronald K. Lukasik
CHIEF OF POLICE

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 Village Hall during posted hours of operation.

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 Village Hall during posted hours of operation. Records will not be mailed unless postage is prepaid.

The Police Department of Fox River Grove 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 and Date