

**PIKE COUNTY EMERGENCY 911
FREEDOM OF INFORMATION
REQUEST FOR EXAMINATION OR COPY OF RECORDS**

Date of request: _____

Name: _____ Date of Birth: _____

Telephone #: _____ Address: _____

City, State and Zip Code: _____

Record Type: (specific: if more than one): (*theft, accident, etc*)

Location of Incident: _____

I am requesting the following record(s) for inspection/copying:

Date: _____ Time: _____ Reporting Party: _____

Date: _____ Time: _____ Reporting Party: _____

I wish to receive a certified copy of the requested record(s) Fees for request are subject to those outlined by Illinois State Statute.

Signature: _____

() Pickup () Mail () Email: _____ (email address)

RESPONSE TO INFORMATION REQUEST

Date of compliance with request: _____ By: _____

We are extending the time for response to your request for an additional seven (7) working days under Section 140 / 3 (d) of the act due to :

We estimate the records requested will be available by: _____

Date of time extension notification: _____ By: _____

Your request is "unduly burdensome" and is denied. Responding to this request will disrupt the duly undertaken work of this department.

The following information requested is exempt from inspection, copying or disclosure under Section 7 of the Act for the following reasons:

Date of Denial of Request: _____ By: _____

RIGHT OF APPEAL: If your request for records has been denied, in whole or in part, you have the right to appeal this decision, in writing to the Pike County Sheriff.