



# Jacksonville Police Department

200 WEST DOUGLAS, JACKSONVILLE, ILLINOIS 62650

Please type or print the following:

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

Name: _____	Company Name: _____
Address: _____	
City: _____	State: _____ Zip: _____
Telephone Number: _____	

Report Requested: _____	(Records requested will be made available within five (5) days from the date of this request.)
Report Number: _____	Report Date / Time: _____
Additional Information: _____ _____	

Please specify manner in which you would like your request be provided:

- Email: \_\_\_\_\_
- Fax: \_\_\_\_\_
- I will pick up the information within five (5) business days
- Postal Service – Mail to: \_\_\_\_\_  
\_\_\_\_\_

Requestor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Supervisor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_



Andy Ezard, Mayor

Phone: 217-479-4630 • Fax: 217-479-0277



Adam Mefford  
Chief of Police