



HUNTLEY POLICE DEPARTMENT
Illinois Freedom of Information Act
Request for Examination or Copy of Records



Date of Request _____

REQUESTOR INFORMATION

Name _____		Date of Birth _____	
Street Address _____	City _____	State _____	ZIP _____
Email _____		Phone _____	

RECORDS REQUEST INFORMATION

Date & Time of Incident _____	Location of Incident _____	HPD Case # _____
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Description of Records Requested _____

HOW DO YOU WANT THE RECORDS DELIVERED?

Email (must be the same email address from which this request was sent to us)	Postal mail: Address noted above Other: _____	PD Lobby pick up: (We will call when records are ready for pick up)
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I am seeking the above-mentioned records for the purpose of furthering a commercial enterprise.

A COPY OF YOUR CURRENT GOVERNMENT ISSUED IDENTIFICATION MUST BE ATTACHED TO PROCESS THE RECORDS REQUEST

Submit completed form and identification via email, fax or mail:

EMAIL dwills@huntley.il.us	FAX 847-515-5370	MAIL 10911 Main St, Huntley IL 60142
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HUNTLEY POLICE USE ONLY

Date Request Received _____ Date Request Due _____

- Request granted
- After a thorough search of our records we have been unable to locate any records that match your request

Signature _____ Date _____