



RIVER FOREST POLICE DEPARTMENT
400 PARK AVENUE
RIVER FOREST, ILLINOIS 60305
708-366-7125

Date Received:	_____
Date Due:	_____
Requestor ID	Yes No
Initials	_____

The Freedom of Information Act exempts police records from full and partial disclosure under certain circumstances. The Police Department must review your request consistent with these requirements. After Review, you will either receive a copy of the requested report, or a copy of this form indicating why your request for the records has been denied. **Our agency will respond to your request within 5 business days. Any information released will be sent via regular US mail.**

To obtain a copy of a police report, please complete the information requested below and provide photo identification (the department will photocopy and retain this as proof of identification). There may be a fee to pay the cost of copying the record(s).

PLEASE PRINT CLEARLY

PERSON MAKING REQUEST _____

VICTIM / DRIVER'S NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ DAYTIME PHONE # _____

TYPE OF POLICE REPORT _____ REPORT # _____
 (Accident/Incident/Theft/Etc..)

DATE / TIME / LOCATION OF INCIDENT _____

 (PLEASE SUPPLY ANY ADDITIONAL INFORMATION ABOUT REPORT)

SIGNATURE _____ DATE _____

YOUR REQUEST FOR THE ABOVE RECORD HAS BEEN:

- [] APPROVED AND SENT BY U.S. MAIL ON _____
- [] PARTIALLY APPROVED WITH INFORMATION DELETED PURSUANT TO **SECTION 7 OF THE FREEDOM OF INFORMATION ACT** AS INDICATED ON THE REVERSE SIDE OF THIS FORM
- [] DENIED PURSUANT TO **SECTION 7 OF THE FREEDOM OF INFORMATION ACT** AS INDICATED ON THE REVERSE SIDE OF THIS FORM
- [] DENIED SINCE THE REQUEST CREATES AN UNDUE BURDEN ON THE PUBLIC BODY IN ACCORDANCE WITH **SECTION 3 OF THE FREEDOM OF INFORMATION ACT**
- [] RECORDS DENIED BY _____

DENIAL OF REQUEST FOR RECORDS

- 7(b) Release of the Record would disclose "private information", unless disclosure is required by another provision of this Act, a State or Federal Law or a court order". Under section 2(c-5), "private information" includes:

* * unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person.

- 7(c) Personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, unless the disclosure is consented to in writing by the individual subjects of the information. The request is for information which is precluded by the Act from being released without permission of the complainant. "Unwarranted invasion of personal privacy" means the disclosure of information that is highly personal or objectionable to a reasonable person, and in which the subject's right to privacy outweighs any legitimate interest in obtaining the information.

- 7(1)(d)(i) Release of the Record would interfere with pending law enforcement proceedings.

- 7(1)(d)(iii) Release of the Record would create a substantial likelihood that a person will be deprived of a fair trial or an impartial hearing.

- 7(1)(d)(iv) Release of the Record would disclose confidential law enforcement information.

- 7(1)(d)(iv) Release of the Record would unavoidably disclose the identity of persons who file complaints with the police.

- 7(1)(d)(v) Release of the Record would disclose specialized investigative techniques.

- 7(1)(d)(vi) Release of the Record would endanger the life or physical safety of law enforcement personnel or any other person.

- 7(1)(d)(vii) Release of the Record would obstruct an ongoing criminal investigation.

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YOU HAVE THE RIGHT TO APPEAL THE DENIAL OF THE RECORDS YOU HAVE REQUESTED BY SUBMITTING A WRITTEN NOTICE OF APPEAL TO:

Attorney General's Office
Public Access Counselor
500 S. 2nd Street
Springfield, Illinois 62704
Fax: 217-782-1396
Email: publicaccess@atg.state.il.us

IN SUBMITTING YOUR NOTICE OF APPEAL, YOU SHOULD INCLUDE A COPY OF THIS FORM. YOUR REQUEST FOR REVIEW MUST BE SUBMITTED WITHIN 60 CALENDAR DAYS OF THE PUBLIC BODY'S FINAL RESPONSE.