



Due Date: _____

REQUEST FOR ACCIDENT REPORT OR OTHER POLICE REPORT UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT

REQUESTER'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER(S): _____ or _____

PERSON/BUSINESS REPRESENTED: _____

☐ **Mail Report to (if different from above)**

Address: _____ City: _____ State: _____ Zip: _____

☐ **E-Mail Report to:**

☐ **Will Pick up Report** (We will notify when report is ready)
Pick up at: Town of Normal Clerks Office
2nd Floor, 11 Uptown Circle

☐ **Request is for Commercial Purposes***

☐ **I Agree that Birthdates are Private Information.**

Signature of Requester

Date of Request

ACCIDENT REPORT REQUEST -- Fee for accident reports: \$3.00

Report Number	Accident Date	Accident Location
1) _____ Name of Driver	2) _____ Name of Driver	

OTHER POLICE REPORT REQUEST – Fee: 10 Cents a Page AFTER the First 50 Pages

Report Number	Incident Date	Incident Location
1) _____ Name of Individual in Report	_____	_____
Other Parties Involved or Business Involved (if any)		
Type of Incident and Other Pertinent Information Regarding Incident (BE SPECIFIC):		

****Unless otherwise notified, your request for public records will be complied with within five (5) working days after its receipt. Commercial requests will be complied with within 21 working days. *PLEASE NOTE some police records may be exempt and will be redacted or denied under the Illinois Freedom of Information Act.**