



MORTON GROVE POLICE DEPARTMENT

6101 Capulina Avenue
Morton Grove, Illinois 60053
(847) 470-5200

REQUEST FOR REPORT COPIES

Date Requested: _____ Request Taken By: _____

Requester's Name: _____

Address: _____

Phone # _____ License/ID # _____

Requester is: Victim Parent/Guardian
 Authorized Representative Attorney
 Person Involved in Incident Offender/Suspect
 Insurance Company Other _____
 Other Agency Name _____ Badge # _____

Incident # _____ Type of Incident _____

Date of Incident _____ Time of Incident _____

Location of Incident _____

I declare, under penalty of perjury, that I am the party of interest as stated above. I further declare that the address information obtained pursuant to this request shall not be used directly, or indirectly to sell a product or service to any individual or group. Any information obtained will not be used to commit any misdemeanor or felony offense.

Received by: _____ Date _____

According to the policy of this Department, report requests are subject to a review procedure before being released and may not be immediately available.

It is our goal to provide the public with access to information legally defined as public, while maintaining the confidentiality of information exempted by law. Therefore, if approved, the report you may receive may have some information redacted.

OFFICE USE ONLY Approved Denied

Commander's Signature _____ Date _____

Reason for Denial _____

Date Copy Released _____ Released By _____

Copy Fee _____ Amount Paid _____ Method of Payment _____

**** Attach payment if any and forward to Records ****