



REQUEST FOR PUBLIC RECORDS

Mail or Fax to: **Darien Police Department**
1710 Plainfield Road
Darien, IL 60561
Fax No. (630) 971-4326

REQUESTOR'S NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
EMAIL ADDRESS _____
TELEPHONE NO. _____ FAX NO. _____
DATE OF REQUEST _____

Date & Time Received

By:

Please list the report number you are requesting, if known. In order to expedite the search for the records, please be as specific as possible, list names, addresses, report #, date, time, etc.

Pick-Up

E-Mail

Fax

The Darien Police Department will respond to or deny this request within five (5) business days.

Signature of Requestor

FOR RECORDS MANAGEMENT/CITY USE ONLY

Response (attach correspondence if necessary):

Records made available for viewing Request denied _____

Copies made Yes No _____

How Many? _____ Fee _____ Other _____

Signature _____ Date _____

Title _____

In Person Mail Telephone

Employee compiling records: Name: _____ # _____ Date: _____

FOIA Officer reviewed: Name: _____ # _____ Date: _____

Employee redacting records: Name: _____ # _____ Date: _____

Date records are ready: Date: _____

Person Contacted: Name: _____ Date: _____

Signature of Person Releasing Documents: _____ Date: _____