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REQUEST FOR COPIES OF PUBLIC RECORDS UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

PERSON OR ENTITY REPRESENTED: _____

PUBLIC RECORD(S) REQUESTED: NOTE--If requesting a copy of any of the following, you also need to complete the section of the form at the bottom of the page: (1) Accident Report; (2) Burglary/Theft Report; (3) Criminal Damage to Property/Vehicle Report

SIGNATURE

DATE

- Unless otherwise notified, your request for public records will be complied with within seven (7) working days after its receipt.

ACCIDENT:

THEFT/BURGLARY/CRIMINAL DAMAGE:

Name of Driver: _____

Name of Victim or Person who filed Report: _____

Location of Accident: _____

Address where theft/burglary/damage took place: _____

Date of Accident (if known): _____

Address where copy of report is to be mailed: _____

Date when theft/burglary/damage was reported: _____