Mendota Police Department
Freedom of Information Act (FOIA) Request
607 8th Avenue, Mendota, Illinois 61342
E-MAIL: MendotaPD@MendotaPolice.com

Requestor's Name	Date of Birth	Phone Number	Date of Request
Requestor's Address			
Requestor's Email Address			
Description of record(s) requested & date of incident (be as specific as possible) – Use reverse side if necessary			

SIGNATURE: _____

Certified Record Request $1.00 _____ Yes _____ No Is this request for a "Commercial Purpose" as defined in the act? _____ Yes _____ No

******* OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE *******

REQUEST APPROVED:

[ ] The document(s) you requested is/are attached.

[ ] You may inspect the document(s) at the Mendota Police Department between the hours of 8a.m. and 3p.m.

[ ] The document(s) will be provided upon payment of a fee totaling $ _____.

[ ] For "Commercial purposes" requests only; the requested document(s) will be available on or about _____ and will be provided upon payment of stated fee.

REQUEST DENIED:

[ ] Your request places an undue burden in accordance with Section 3(g) of the Freedom of Information Act, and we have been unable to negotiate more reasonable terms with you. The reason(s) your request is unduly burdensome is/are:

_____

[ ] The information requested is exempt under [ ] Section 7 and/or [ ] Section 7.5 of the Act for the following reason(s):

_____

Agency representative that denied the request in whole or in part, and their title: _____

If your request is denied, you have the right to review the Public Access Counselor at 312-793-0024 or 877-299-3642 or at 500 Second St., Springfield, IL. 62705 or you have the right to judicial review under Section 11 of the Act.

DELAYED RESPONSE:

[ ] The response to your request is delayed for the following reason(s), in accordance with Section 3 (e) of the Act. You will be notified by the date of _____ as to the action(s) to be taken on your request.

FOIA Officer: _____ **Date of reply:** _____