



# KNOX COUNTY SHERIFF'S DEPARTMENT

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*Sheriff*

KNOX COUNTY SHERIFFS DEPT  
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## FREEDOM OF INFORMATION REQUEST FORM

**\*\*\* Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the public Access Counselor, you will need to submit a copy of your FOIA request\*\*\***

Date Requested: \_\_\_\_\_ Date Received by Department: \_\_\_\_\_  
Completed by this Department

Requested Submitted By: \_\_\_\_\_ E-Mail \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax \_\_\_\_\_ In Person

Name of Requester: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ Zip ( required): \_\_\_\_\_

Telephone ( Optional ): \_\_\_\_\_, failure to provide a telephone will mean that all communication will be done by email or U.S. Mail, which will slow down the response to this request.

E-Mail ( Optional ) : \_\_\_\_\_

Fax ( Optional ) : \_\_\_\_\_

Records Requested: **\*\* Provide as much specific details as possible so this Department can identify the information that you are seeking. You may attached additional pages, if necessary.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this request for a Commercial Purpose: \_\_\_\_\_ Yes or \_\_\_\_\_ No  
*(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body, 5 ILCS 140.3.1(c))*

Are you requesting a fee waiver? \_\_\_\_\_ Yes or \_\_\_\_\_ No  
*If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c). Note: The purpose of the request **must** stated if you are requesting a waiver of fees.*

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_