

Freedom of Information Act Request - City of Oregon Police Department

FOIA Officer – Chief Joseph Brooks

Oregon Police Department

115 N. 3rd St., Oregon, IL 61061

Fax: (815) 732-7303 or Email: oregonpd@cityoforegon.org

The Freedom of Information Act is an act in relation to access of public records and documents. Other State or Federal laws such as the Privacy and Security Act or the Juvenile Court Act, may take precedence over the Freedom of Information Act, and may prevent your access to all or part of the information you have requested. **CRIMINAL HISTORY INFORMATION IS EXEMPT FROM THE ILLINOIS FREEDOM OF INFORMATION ACT.**

The Act allows us **five (5) business days, excluding weekends and holidays** to comply with your request. You will be notified by mail as to whether your request was approved or denied. If denied the reason for denial will be included in your letter. If approved, your letter will indicate when and where your copy will be made available. The first fifty (50) pages are free for black and white copies. There is a .10 cent fee for each additional copied page of information. Any fee is payable upon receipt of documents.

To assist a search pertaining to your request and help us determine your right to access, please complete the information requested below.

\_\_\_\_\_  
Your Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail address

.....  
**INFORMATION REQUESTED**

**POLICE INCIDENT REPORT NUMBER (if known):** \_\_\_\_\_

Incident Type: \_\_\_\_\_ Incident Date: \_\_\_\_\_  
(e.g.: burglary, assault, battery)

Incident Location: \_\_\_\_\_

**PERSON(S) INVOLVED IN INCIDENT: If applicable, include your name**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex: ☐ M ☐ F

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

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex: ☐ M ☐ F

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

**OTHER INFORMATION:** \_\_\_\_\_

I wish to ☐ inspect the requested records; or

I wish to ☐ receive the requested records via:

☐ In Person; ☐ US Postal Service; ☐ Fax \_\_\_\_\_; ☐ E-mail \_\_\_\_\_

Records requested at:

\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Time Date Month Year

Signature of individual making request: \_\_\_\_\_

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## OFFICE USE ONLY

- ☐ The records so requested have been reviewed and are appropriate for release under the guidelines of the Illinois Freedom of Information Act.
- ☐ Reason access was denied to above-listed records (list names and titles of all persons authorizing denial and specify exact section of the Illinois FOIA which applies):

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Signature and Title of Freedom of Information Officer reviewing records:

\_\_\_\_\_ Date \_\_\_\_\_

The records so requested were provided to or presented to such individual at:

\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Time Date Month Year

Via: ☐ In Person; ☐ US Postal Service; ☐ Faxed; ☐ E-mailed; or ☐ Presented for inspection.

Signature and Title of employee presenting/providing records for inspection:

\_\_\_\_\_ Fee Collected \_\_\_\_\_