



**VALMEYER POLICE DEPARTMENT
FREEDOM OF INFORMATION REQUEST**

REQUESTOR'S NAME _____

DATE REQUESTED _____

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____

SPECIFIC INCIDENT

REPORT NUMBER REQUESTED _____

DATE ON INCIDENT _____

WHAT RECORDS ARE REQUESTED (BE SPECIFIC I.E. REPORT, BODY/IN CAR CAMERA FOOTAGE, STATEMENTS) . IF YOU ARE NOT REQUESTING FOR A SPECIFIC INCIDENT, PLEASE COMPLETE BELOW

SIGNATURE OF REQUESTOR

*** REQUESTOR, PLEASE NOTE. THE VALMEYER POLICE DEPARTMENT WILL RESPOND TO A REQUEST FOR PUBLIC RECORDS WITHIN SEVEN WORKING DAYS AFTER RECEIPT OF SUCH REQUEST. IF YOUR REQUEST IS DENIED, YOU MAY FILE AN APPEAL. APPEALS SHOULD BE ADDRESSED TO:**

VILLAGE OF VALMEYER, P.O. BOX 262, VALMEYER IL 62295

NAME AND TITLE OF PERSONS RECEIVING REQUEST

NAME _____ BADGE NUMBER _____ DATE _____