



CITY OF HIGHLAND PARK POLICE DEPARTMENT PUBLIC RECORDS REQUEST ACCIDENT REPORT

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE: _____

PHONE: _____ E-MAIL: _____

DOCUMENT REQUESTED: _____

_____ Request a copy of the document (\$5.00 charge (625 ILCS 5/11-416; City Annual Fee Resolution)

_____ Request to only view document

_____ Request the copy mailed to the above address

Purpose of Request:

Please check Yes or No for each of the following questions

Yes No

A. I am requesting the public records identified above to use the records, or information derived therein, for sale, resale, solicitation, or advertisement for sales or service,

_____ _____

B. I am, or represent, news media or a non-profit, scientific or academic organization.

_____ _____

C. The principal purpose of this Request for Public Records is to access and disseminate information concerning news and current or passing events.

_____ _____

D. The principal purpose of this Request for Public Records is for articles of opinion or features of interest to the public.

_____ _____

E. The principal purpose of this Request for Public Records is academic, scientific, or public research or education.

_____ _____

Pursuant to Section 3.1(c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose.

By signing this Request, I acknowledge and represent that I have reviewed, and that I understand, the City of Highland Park Rules and Regulations for Implementation of the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate.

Requestor's Signature

REQUEST APPROVED BY: _____
Name Date

Delivered to: _____
To Date By

**CITY OF HIGHLAND PARK
REQUEST FOR ACCIDENT RECORD CHECKLIST
FOR COMPLETION BY INITIAL CITY RECIPIENT OF REQUEST**

I. Initial receipt of request

Date of Receipt

Time of Receipt

_____, 20_____

_____ am/pm

Method of Delivery:

- Personal delivery during Business Hours
- Personal Delivery after Business Hours
- Mail delivery during Business Hours
- Mail delivery after Business Hours
- Electronic delivery by _____

City employee receiving request (if not Freedom of Information Officer):

Name: _____ Title: _____

Forwarded to Freedom of Information Officer (if applicable):

Date: _____, 20_____ Time: _____

Receipt by Freedom of Information Officer:

Date: _____, 20_____ Time: _____

FOR COMPLETION BY FREEDOM OF INFORMATION OFFICER ONLY

II. Determination of Completeness

Has the Requestor provided:	<u>YES</u>	<u>NO</u>
A. His/her/its name?	___	___
B. His/hers/its mailing address, email address or telephone number?	___	___
C. A description of the public record requested?	___	___

III. Preparation of Response

Is this request for Commercial Purposes? _____

Date Response Due _____ (either 5 or 21 Business Days after day of receipt by City)

City employee responsible for compiling the response:

Name: _____

Signature of the Freedom of Information Officer: _____