



**REQUEST FOR RECORDS
UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT (5 ILCS 140/1 et seq.)**

Requestor's Information

If this is a commercial request, please check here

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ FAX: _____

SIGNATURE: _____ DATE OF REQUEST: _____

Describe in detail the public records you are requesting in the space provided below.

Incident # (if known) _____ Date of Incident _____

Location of Incident _____ Type of Incident _____

Additional Information _____

I would like to:

FEES: no charge for first 50 copies
.15 cents per copy thereafter
(8 1/2 x 11, 8 1/2 x 14, and 11x17)

- Inspect the documents (no copies are necessary)
- Pick up copies of the documents
- Receive the documents via e-mail (if available) email address: _____

You will receive your response within five (5) business days and twenty-one (21) days for commercial requests.

RETURN TO: Ladd Police Department
Chief Jacob Frund
121 N. Main Street
Ladd, IL 61329
Email: policechief@villageofladd.com
Fax: 815-894-2072

Village of Ladd Clerks Office
Rhonda Bezely or Julie Koch
121 N. Main Street
Ladd, IL 61329
Email: info@villageofladd.com
Fax: 815-894-2879

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ RECEIVED BY: _____

RESPONSE DUE ON : _____ RESPONSE RELEASED ON: _____ RESPONSE RELEASED BY: _____