



New Baden Police Department

100 East Hanover
New Baden, IL. 62265



Freedom of Information Act (FOIA) - Request for Police Records

Requestor's Name: _____

Daytime telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Person you are representing: _____

Please complete this section:

Person (s) involved in case: _____ Date(s) of birth: _____

Type of offense: _____ Case file #: _____

Date and location of offense: _____

This part is optional, but will assist us in providing information:

Description of requested records:

Reasons for requesting records:

Additional information/requests:

FOIA requests will be completed within five (5) business (M-F) days, unless it is Commercial Purpose. Requestors will be notified by phone that the requested information is complete and ready to be picked up unless otherwise specified.

Requestor's Signature _____ Date of request: _____

If a FOI request is denied, the requestor has a right to appeal the denial to the Public Access Counselor (PAC) at the Attorney General's Office. Public Access Counselor, Office of the Attorney General, 500 S. Second Street, Springfield, Illinois 62706, 877-299-3642, publicaccess@atg.state.il.us. The requestor also has the right to judicial review.

Receiving Officer:

Name and Title of person receiving request: _____ Date received: ____/____/____

Reviewing Officer:

Pending Case:

- Yes
 No

Under Investigation:

- Yes
 No

Approved:

- Yes
 No

Check if applies:

_____ Information not maintained.

_____ Records requested are not clearly identified. Provide additional information to identify and locate the desired records.

_____ Request denied for one or more of the following reason(s):

- (5 ILCS 140/7) sec. 7 (1) (a) Information specifically **prohibited** from disclosure under federal or state laws, rules and regulations:
- (5 ILCS 140/7) sec. 7 (1) (b) **Private Information.** "Private Information" means unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, password or other access codes, medical records, home or personal telephone numbers and personal e-mail addresses. Private information also includes home address and personal license plates, except as otherwise provided by law of when compiled without possibility of attribution to any person.
- (5 ILCS 140/7) sec. 7 (1) (c) **Personal Information.** Personal information contained within public records, the disclosure of which should constitute a clearly unwarranted invasion of personal privacy, unless disclosure is consented to in writing by the individual subjects of the information. "Unwanted invasion of personal privacy" means the disclosure of information that is highly personal or objectionable to a reasonable person and in which the subject's right to privacy outweighs any legitimate public interest in obtaining the information.
- (5 ILCS 140/7) sec 7 (d) Records in the possession of any public body created in the course of administrative enforcement proceedings, and any law enforcement or correctional agency for law enforcement purposes, but only to the extent that disclosure would:
 - Interfere with pending or actually and reasonably contemplated law enforcement proceedings.
 - Interfere with active administrative enforcement proceedings
 - Create a substantial likelihood that a person will be deprived a fair trial or impartial hearing
 - Unavoidably disclose the identity of a confidential source, confidential information furnished by the confidential source or persons who file complaints with or provide information to law enforcement; except the witnesses of traffic accidents, traffic accident report, except when disclosures would interfere with an active criminal investigation
 - Disclose unique or specialized investigative techniques
 - Endanger the life or physical safety of law enforcement personnel or any other person or
 - Obstruct an ongoing criminal investigation
- (5 ILCS 140/7) sec 7 (1) (e) Records that relate to or affect the security of correctional institutions of detention facilities.

Signature of Reviewer: _____ Date: _____

Completion Information:

Date Due: ____/____/____

Requestor notified of completion on ____/____/____.

Notes: _____
