



**BELLEVILLE POLICE DEPARTMENT**  
 720 West Main Street, Belleville, IL 62220  
**FREEDOM OF INFORMATION REQUEST FOR RECORDS**



**INSTRUCTIONS & INFORMATION**

1. On the Record Request Form complete all requestor information. Describe the police reports you are requesting, please be precise, including as much information as possible. You may use a separate sheet if necessary.
2. By submitting this Request Form you are agreeing to pay the Belleville Police Department, in advance of receiving copies of the requested police report(s), any fees associated with this request.
3. The Belleville Police Department will not mail copies of police reports. Reports can be picked up in person, emailed or faxed. *\*\*If you would like your reports mailed, you must include a self-addressed stamped envelope with your request.* (Current postage rates – letter sized envelope 0-5 pages \$0.49 / 6-11 pages \$0.70 / 12-17 pages \$0.91 / Large envelope starts at \$0.98)
4. Record Request can be submitted in person, by mail or by fax (618-234-7133).

All non-commercial requests will be responded to within **\*\*five (5) business days** from the receipt of the request. If the records you seek cannot be made available within five (5) business days, you will be notified with a reason(s) for the necessary extension.

All requests for commercial purposes will be responded to within **\*\*twenty-one (21) business days** from the receipt of the request. If the records you seek cannot be made available within twenty-one (21) business days, you will be notified with a reason(s) for the necessary extension.

**\*\*Business days DO NOT include weekends and Holidays**

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**FEE SCHEDULE**

POLICE REPORT -----	No charge for first fifty (50) pages
POLICE REPORT -----	15¢ per beginning at page fifty-one (51)
TRAFFIC ACCIDENT REPORT -----	\$5.00
RECONSTRUCTION REPORT -----	\$20.00
PHOTOGRAPH COPIES (PLAIN PAPER) -----	\$1.00 per page



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DATE & TIME OF REQUEST: \_\_\_\_\_

REQUESTOR'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REQUEST IS MADE: (check one or more)

\_\_\_\_ For Commercial Purpose

\_\_\_\_ To inspect the described records. *(Requestor will be notified when records are available for inspection and a time will be mutually agreed upon.)*

\_\_\_\_ To pick up the copies of the described records. *(Requestor will be notified when records are ready.)*

\_\_\_\_ To have the described records mailed. (Self-addressed stamped envelope included)

\_\_\_\_ To have the described records sent by e-mail to: \_\_\_\_\_

\_\_\_\_ To have the described records sent by facsimile transmission to: \_\_\_\_\_

**\*\*\*PLEASE DESCRIBE IN DETAIL THE INFORMATION BEING REQUESTED\*\*\***

DATE & TIME OF INCIDENT: \_\_\_\_\_ REPORT # (If known): \_\_\_\_\_

NAMES OF PERSON(S) INVOLVED: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE REC'D: \_\_\_\_\_ BY: \_\_\_\_\_ DUE DATE: \_\_\_\_\_ FEE COLLECTED: \_\_\_\_\_

EXTENSION - IF NECESSARY: NOTIFICATION MADE: \_\_\_\_\_ EXTENSION DUE DATE: \_\_\_\_\_

CASE STATUS: \_\_\_\_ CASE CLOSED \_\_\_\_ PENDING INVESTIGATION \_\_\_\_ COURT PROCEEDINGS \_\_\_\_ UNABLE TO LOCATE

**ACTION TAKEN:**

\_\_\_\_ **COMPLIED** WITH REQUEST \_\_\_\_ IN FULL- NO REDACTIONS \_\_\_\_ PARTIAL - REDACTIONS REQUIRED PER FOIA STATUTE

\_\_\_\_ UNABLE TO COMPLY WITHIN 5 BUSINESS DAYS – EXTENSION REQUIRED.

\_\_\_\_ **DENIED**, REASON FOR DENIAL:  DISCLOSURE PROHIBITED BY STATE OR FEDERAL LAW

DISCLOSURE WOULD RESULT IN AN UNWARRANTED INVASION OF PERSONAL PRIVACY

REQUEST IS TOO BROAD / COMPLIANCE WOULD BE UNDULY BURDENSOME

SPECIFICALLY EXEMPT UNDER THE FOLLOWING IL F.O.I.A.: \_\_\_\_\_

PERSON RESPONSIBLE FOR THE DECISION TO COMPLY/DENY REQUEST:

\_\_\_\_\_ DATE: \_\_\_\_\_