



**COLLINSVILLE POLICE DEPT.**  
**200 W. CLAY ST.**  
**COLLINSVILLE, IL 62234**  
**TEL: 618-344-2131**  
**FAX: 618-344-2137**  
**EMAIL: cpdfoia@collinsvilleil.org**

## **FREEDOM OF INFORMATION REQUEST**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

FOIA # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**SPECIFIC DESCRIPTION OF RECORDS BEING REQUESTED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUEST IS MADE: (check one )**

- \_\_\_\_\_ For a commercial purpose.
- \_\_\_\_\_ To pick up a copy of the above described records (*Requester will be notified when records are ready*).
- \_\_\_\_\_ To have the above described copies mailed (*Postage charges apply*).
- \_\_\_\_\_ To have the above described records emailed to above email address
- \_\_\_\_\_ To have the above records sent via facsimile to \_\_\_\_\_
- \_\_\_\_\_ To inspect above records (*Requester will be notified when records are available for inspection and a time and place will be mutually agreed upon. Refer to Section 2.110.070 of the City's FOIA Ordinance*).
- \_\_\_\_\_ For the above records to be certified (*Certified copies are \$1.00 per document*).

**COPY FEES:**            **Legal or letter size, black and white: no fee first 50 pages, \$0.10 per page thereafter**  
**Oversized: 11x17 b/w \$0.25 page; larger than 11x17 b/w \$0.75 page**  
**Color Copy: letter/legal \$0.25 per page; 11x17 \$0.50 page; larger than 11x17 \$1 per page**  
**Accident reports: \$5.00 standard report, \$20.00 accident reconstruction report pursuant to 625 ILCS 5/11-416**

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

Date Received: \_\_\_\_\_

Response Due: \_\_\_\_\_

Fee: \_\_\_\_\_

Fee Explanation: \_\_\_\_\_

Request filled by: \_\_\_\_\_

Date Request filled: \_\_\_\_\_