



**FREEDOM OF INFORMATION ACT  
REQUEST FORM**

City of Sterling  
212 3rd Avenue  
Sterling, IL 61081  
Phone 815-632-6640  
FAX 815-632-6675

**STERLING POLICE DEPARTMENT**

Date of Request: \_\_\_\_\_ I wish to INSPECT/RECEIVE COPY/BOTH (Circle One)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Optional)

Company/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PURSUANT TO 5 ILCS 140/1 et seq., "FREEDOM OF INFORMATION ACT", I REQUEST THE  
FOLLOWING PUBLIC RECORD(S) FROM THE CITY OF STERLING.**

*\*\*In order to expedite your request, please be as specific as possible in describing the document(s) you are  
requesting\*\**

Case # \_\_\_\_\_ Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The request **is** **is not** (choose one) for a commercial purpose.

I understand that the Sterling Police Department must respond to this request within five (5) business days. I further understand if this request is denied I have a right to appeal this decision in writing to the Public Access Counselor of the Attorney General's office within 60 days of receiving the denial. Please see back for contact information.

Requesting Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case # of requested records \_\_\_\_\_ Case # of this request \_\_\_\_\_

**RESPONSE TO REQUEST OF PUBLIC RECORDS**

\_\_\_\_ We are extending time to respond to your request an additional 5 business days under Section 140/3(d) of the Freedom of Information Act due to (i-vii). We estimate the records requested will be available by\_\_\_\_\_.

\_\_\_\_ Your request is "unduly burdensome" and is denied. Responding to this request would disrupt the duly undertaken work of this department. We have extended to you an opportunity to confer with us in an attempt to reduce the request to manageable proportions. You have failed to respond to this invitation. The reasons your request has been deemed "unduly burdensome" is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Your request for records has been approved by\_\_\_\_\_ Date\_\_\_\_\_

\_\_\_\_ Your request for records has been denied in-whole. (see below)

\_\_\_\_ Your request for records has been denied in-part. (see below)

The following information is exempt from inspection, copying or disclosure under Section 7 of the Act for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Public Access Counselor**  
Office of the Attorney General  
500 South 2nd Street  
Springfield, IL 62701

E-Mail: public.access@ilag.gov  
Fax: (217) 782-1396

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By \_\_\_\_\_ **Date of Receipt of Records** \_\_\_\_\_

**Requestor**

\*\*\*\*\*

*For Official Use Only*

Date Request Received: \_\_\_\_\_ By: \_\_\_\_\_

**Date Request Due:** \_\_\_\_\_

Date Request Fulfilled: \_\_\_\_\_ By: \_\_\_\_\_

Date Extention Requested: \_\_\_\_\_ By: \_\_\_\_\_

Date Extention Granted: \_\_\_\_\_

Date Now Due: \_\_\_\_\_ Date Requestor Notified Ready: \_\_\_\_\_

Date of Request Denial \_\_\_\_\_ By: \_\_\_\_\_