



REQUEST FOR PUBLIC RECORDS

Mail or Fax to: **City of Darien Police**
1710 Plainfield Road
Darien, IL 60561
Fax No. (630) 971-4326

REQUESTOR'S NAME _____

Date & Time Received

ADDRESS _____

CITY, STATE, ZIPCODE _____

EMAIL ADDRESS _____

TELEPHONE # _____ FAX # _____

DATE OF REQUEST _____

Please describe the report number you are requesting or in order to expedite the search for the records, please be as specific as possible, proper names, addresses, etc.

Report #: _____

Description of Incident:

NOTE: The City of Darien Police Department will respond to or deny this request within five (5) business days (Mon-Fri).

Preference: Phone/Pick-Up Email Fax

Signature of Requestor

FOR RECORDS MANAGEMENT/CITY USE ONLY

Employee Retrieving Records: Name: _____ # _____ Date: _____

FOIA Officer Reviewed: Name: _____ # _____ Date: _____

Employee Redacting Records: Name: _____ # _____ Date: _____

Date Records are Ready: Date: _____

Person Contacted Via: Phone/Email Date: _____

Signature of Person Releasing Documents

Date

Accident Report \$5.00 X Number of Reports _____ = \$ _____

****FEES CHARGED AFTER 50-PAGES OR FOR ELECTRONIC MEDIA****