



## 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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIPCODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_

*Date & Time Received*

By:

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\*\***

Revised 01/09/2026