## FREEDOM OF INFORMATION REQUEST

## NEW BERLIN POLICE DEPARTMENT

**301 E. Illinois New Berlin, Illinois 62670** 217-488-6102 Fax 217-488-2003

DATE OF REQUEST:			
REQUESTOR'S NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
EMAIL ADDRESS:			
TELEPHONE: (Home)	(Office)	(Cell)	
records, please be as specific as	ed you are requesting. In order to ex spossible.	-	
that it is for commercial purpose.	Information Act to knowingly obtain a public record		
New Berlin Police will respond	to or deny this request within five	(5) working days.	
	Signature	Signature of Requestor	
Office Use Only: Date Receive	ed		
Date Mailed	Date Refused	(Reason Attached)	
Delivered to			
Comments:			

Fee's could apply on number of copies requested. 1/2010