



Washington County Sheriff's Office  
**FREEDOM OF INFORMATION**  
 Request for Examination of Copy of Records  
**-PLEASE PRINT LEGIBLY-**

**REQUESTORS INFORMATION:** Date of your request: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, and Zip Code: \_\_\_\_\_  
 Date / Time of Incident: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Type of Incident (IF APPLICABLE): \_\_\_\_\_  
 Location of Incident (IF APPLICABLE): \_\_\_\_\_  
 I am requesting the following record (s) for inspection / copying: \_\_\_\_\_

\*There is a \$ .15 charge per page for all pages over 50  
 and \$ .15 per page for color copies, when available.

THE BELOW ITEMS WILL BE COMPLETED BY WCSO PERSONNEL:

1. Date request received at WCSO: \_\_\_\_\_
2. Name of Person who received the request at WCSO: \_\_\_\_\_
3. Date response is due: \_\_\_\_\_

**Response to Information Request**

Date of compliance with request: \_\_\_\_\_ By: \_\_\_\_\_  
 Date of time extension agreement: \_\_\_\_\_ By: \_\_\_\_\_

Should your request be denied in full or in part, you will be notified by separate letter. If so, the below information will be applicable.

**REQUEST FOR REVIEW:** If your request for records has been denied, in whole or in part, you have the right to appeal this to:

Illinois Attorney General's Office  
 Public Access Review  
 500 S. 2<sup>nd</sup> Street  
 Springfield, Illinois 62706  
 217/558-0486  
 publicaccess@atg.state.il.us