



Warrenville Police Department

3S245 Warren Avenue, Warrenville, IL 60555 630-393-2131 Fax: 630-393-4071

REQUEST FOR POLICE REPORTS

REQUESTOR'S NAME		TELEPHONE NUMBER
ADDRESS		
DATE OF INCIDENT	LOCATION OF INCIDENT	INCIDENT NUMBER

Describe the incident and provide any additional information to help identify the information you are seeking:

Requestor's Signature _____

Your request for the above-mentioned records have been:

___ Approved and the documents will be made available upon payment of copying costs in the amount of \$ _____

___ Information not maintained/ records not located.

___ Request denied for the following reason(s):

- ___ (5 ILCS 140/7) sec. 7 (1)(b)
Information provided would constitute invasion of privacy.
- ___ (5 ILCS 140/7) sec. 7 (1)(b)(v)
Information would reveal the identity of person(s) who filed a complaint/information to investigators.
- ___ (5 ILCS 140/7) sec. 7(1)(b)(v)
Obstruct an ongoing criminal investigation.
- ___ (5 ILCS 140/7) sec. 7 (1)(c)(i)
If released the information would interfere with law enforcement proceedings.
- ___ (5 ILCS 140/7) sec. 7 (1)(c)(iii)
Information would deprive a person of a fair trial.
- ___ (5 ILCS 140/7) sec. 7 (1)(c)(iv)
Information would disclose confidential information or source.
- ___ (5 ILCS 140/3) sec. 3 (f)
The request creates an undue burden on the public body, please narrow your request.

___ Records requested require additional time to process. See attached document.

___ Other _____

You have the right to appeal this decision pursuant to 5 ILCS 140/10 by sending a written notice of this appeal to the City of Warrenville, Attention: Mayor David Brummel, 28W701 Stafford Place, Warrenville, IL 60555.

Sincerely,

John Naydenoff
Deputy Chief

DATE RECEIVED	RECEIVED BY	RESPONSE DUE
SIGNATURE REQUEST RECEIVED		DATE REQUEST RECEIVED