

Email Completed Form to:
records@lovesparkpolice.org

CITY OF LOVES PARK
ROBERT J. BURDEN, CITY CLERK
REQUEST FOR PUBLIC RECORDS
100 HEART BOULEVARD
LOVES PARK IL 61111

DATE _____

IS THIS REQUEST FOR COMMERCIAL PURPOSES?

Yes _____ No _____

REQUEST MADE BY:

NAME: _____ PHONE _____

ADDRESS: _____ ZIP _____

I AGREE CITY CAN REMOVE BIRTH DATES FROM THIS FOIA REQUEST, IF APPLICABLE
YES _____ *NO _____

* INCLUSION OF BIRTH DATES FOR POLICE REPORTS WILL EXTEND RESPONSE TIME FOR THIS
REQUEST AND REQUIRE ILLINOIS ATTORNEY GENERAL'S OFFICE APPROVAL

Description of requested record (s). Please be as specific as you can. State whether you wish to inspect
and/or receive copies of such records.

THE CITY OF LOVES PARK WILL RESPOND TO THE ABOVE REQUEST WITHIN FIVE (5) BUSINESS DAYS
FROM THE ABOVE DATE.

SIGNATURE OF INDIVIDUAL MAKING REQUEST

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FOR OFFICE USE ONLY:

REFERRED TO DEPARTMENT: _____

DATE RECEIVED CLERK'S OFFICE _____ **DATE RESPONSE DUE:** _____

DATE RECEIVED BY DEPT _____

NOTES: _____

FEE PAID _____

DATE COMPLETED _____