

**SALEM POLICE DEPARTMENT  
REQUEST FOR PUBLIC RECORDS  
Under The Illinois Freedom of Information Act**

Company Name (If Applicable)	Business Phone #
Requestor's Name	Daytime Phone #
Address (Street and Number)	
City	State
Zip	
Request is made to (check one or both): <input type="checkbox"/> inspect <input type="checkbox"/> copy	
<b>****Copies are \$0.35 per page.</b>	
Pursuant to the Freedom of Information Act, describe in detail the public record you are requesting.	
Date of Incident (If applicable):	
I certify that this request is not for the purpose of furthering any commercial enterprise and that I am subject to prosecution for making this certification falsely. I understand that the Office has seven (7) working days to respond following the date the request is received. I also understand that the office may take seven (7) additional working days, if necessary, to fill my request. I understand that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial. I also understand that I may be charged with costs associated with this request.	
Signature:	Date:
<b>Please submit this completed request to:</b> <b>Records</b> <b>Salem Police Department</b> <b>201 S. Rotan</b> <b>Salem, IL 62881</b>	
FOR OFFICE USE ONLY:	
Date Received:	Date Responded:
Notes:	
Incident Number:	Fee:

