

Edwardsville Police Department
Freedom of Information Request

Name _____ Date _____

Address _____ Date of Compliance _____
_____ *Office Use, Only*

City _____ Date of Denial _____
_____ *Office Use, Only*

State _____ Reason for Denial _____
_____ *Office Use, Only*

Zip Code _____

Telephone (____) _____

Request for _____

Specific _____

Incidents _____

Ordinances _____

Other _____

Commercial Purpose? Yes No

Signature of Petitioner

Signature of Authority

Pages copied: _____

Amount Due: \$ _____

Return this form to the Edwardsville Police Department by fax: 618-692-7575 or mail to:
333 South Main Street, P.O. Box 336, Edwardsville, IL 62025-0336

All requests will receive a response within 5 (five) business days.