

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:

