



# CITY OF FULTON POLICE DEPARTMENT

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## City of Fulton Police Department Freedom of Information Act (FOIA)

The Freedom of Information Act (FOIA) is an act in relation to access of public records and documents. Other State or Federal laws such as the Privacy and Security Act of the Juvenile Court Act, may take precedence of the Freedom of Information Act, and may prevent your access to all or part of the information you have requested. CRIMINAL HISTORY IS EXEMPT FROM THE ILLINOIS FREEDOM OF INFORMATION ACT.

The act allows us five (5) business days, excluding weekends and holidays to comply with your request. You will be notified by mail as to whether your request was approved or denied. If denied, the reason for denial will be included in your letter. If approved, your letter will indicate when and where your copy will be made available. The first fifty pages are free. For any additional copies there will be a fifteen (15) cent charge per page for black and white copies, color photos or pages with color will be charged a twenty five (25) cent charge per page. Electronic media including Digital Video Disk (DVD), Compact Disk (CD), or flash/jump drives will be charged for the cost of the item up to but not over five (5) dollars per media used. Payment is due upon receipt of your documents and or media.

To assist a search pertaining to your request and help us determine your right to access, please complete the information requested below.

Your Name (Please Print)

Address

City/State/Zip Code

Telephone Number

### INFORMATION REQUESTED

POLICE INCIDENT NUMBER (If Known): \_\_\_\_\_

Incident Type: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Example: Burglary, Assault, Battery, Ect.

Incident Location: \_\_\_\_\_

PERSONS INVOLVED IN INCIDENT: IF APPLICABLE, INCLUDE YOUR NAME

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_