



**COLLINSVILLE POLICE DEPARTMENT**  
 200 West Clay Street  
 Collinsville, Illinois 62234  
 (618) 344-2131  
 (618) 344-2137  
 Email: cpdfoia@collinsvilleil.org

FOIA #: \_\_\_\_\_

**FREEDOM OF INFORMATION ACT REQUEST FOR RECORDS FORM**

Requestor's Name	Telephone Number
Address	Email Address
City, State, Zip	Will this material be used for commercial/solicitation purposes? <input type="checkbox"/> Yes (Explain Below*) <input type="checkbox"/> No
Signature	Is a fee waiver/reduction being requested? ** <input type="checkbox"/> Yes (Explain Below*) <input type="checkbox"/> No
* If documents are to be used for commercial/solicitation purposes, provide a statement indicating purpose of request.	
** If a fee waiver/reduction is being requested, provide a statement indicating the purpose of the request and state specifically how the production of the requested information "primarily benefits the general public" (in accordance with section 6(c) of the FOIA).	

**SPECIFIC DESCRIPTION OF RECORDS BEING REQUESTED:**  Check box if additional pages attached

Date/Time of Incident: \_\_\_\_\_ Case # (if known): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I wish to receive the documents  In Person  Emailed  U.S Mail  Fax: \_\_\_\_\_  
Fax Number

**COPY FEES:**

Legal/letter size, black and white: No fee for the first 50 pages, \$0.10 per page thereafter.  
 Oversized: 11x17 B/W \$0.25 per page; larger than 11x17 B/W \$0.75 per page.  
 Color Copy: Legal/letter size \$0.25 per page; 11x17 \$0.50 per page, larger than 11x17 \$1.00 per page.  
 Accident Reports: \$5.00 standard report; \$20.00 Reconstruction Report (per 625 ILCS 5/11-416).

**(FOR DEPARTMENT USE ONLY)**

Request Received (Date & Time)	Response Due by:
Fee:	Fee Explanation:
Request Filled by:	Date request filled: