

Macon County Sheriff's Office

REQUEST FOR PUBLIC RECORD

Requests must be made in writing. Requests may be submitted by mail, fax, email or personal delivery.

Submit requests to:

Act.

Phone: (217) 424-1321 FOIA Officer Fax: (217) 424-0852 333 S. Franklin St.

Email: foiainformation@sheriff-

Decatur, IL 62523 macon-il.us

REQUESTER'S CONTACT INFORMATION

(Responsive records will be sent to address or email address you list below)

FOIA Request No
Received:
Response Due:
Extended Response Due Date
(if applicable):
FOIA Officer:

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BOX

Last Name	First Name		Middle Initial	Date of E	Date of Birth	
Address	City	State	ZIP	Phone N	lo.	
Email						
RECORDS REQUES	<u>TED</u>					
Identify or describe th	e record you are requesting	. Be as specific	as possible.			
,						
ADDITIONAL INFOR	MATION					
"Commercial purpose" m form for sale, resale, or s media and non-profit, sci the principal purpose of t (ii) for articles of opinion	cords for a commercial purple eans the use of any part of a public solicitation or advertisement for sal entific, or academic organizations the request is (i) to access and dis- or features of interest to the public VFUL TO OBTAIN A PUBLIC RECOMMERCIAL PURPOSE.	ic record or records, es or services. For pu shall not be consider seminate information c, or (iii) for the purpo	or information of urposes of this red to be made concerning ne- se of academic	definition, requests made for a "commercial purpose ws and current or passing , scientific, or public resea	by new e" when events arch or	
Are you requesting yo	our own records?		Yes	No		
Are you requesting a	fee waiver?		Yes	No		
Generally, a response	e to your request will be made	de within 5 worki	ng days of re	eceipt of your reques	t. If a	

longer response time is necessary, requesters will be notified as required by the Freedom of Information