



# Quincy Police Department Freedom of Information Request Form

Quincy Police Dept.  
530 Broadway  
Quincy, IL 62301  
Phone: 217-228-4470  
Fax: 217-228-4513  
e-mail: foia-qpd@quincyl.gov

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Person you are representing: \_\_\_\_\_  
Commercial purpose: Yes \_\_\_\_\_ No \_\_\_\_\_

### Please complete this section:

Person(s) involved in case: \_\_\_\_\_ Date(s) of birth: \_\_\_\_\_  
Type of offense: \_\_\_\_\_ Case file #: \_\_\_\_\_  
Date and location of offense: \_\_\_\_\_

*This part is optional, but will assist us in providing information:*  
Description and reason for request for records (please be specific):

Please choose one:    Inspect records \_\_\_\_\_    Copy records \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For office use only:

Name/Title of person receiving request: \_\_\_\_\_ Date: \_\_\_\_\_

Due date: \_\_\_\_\_ Request #: \_\_\_\_\_

Pending case: Yes \_\_\_\_\_ No \_\_\_\_\_                      Approved \_\_\_\_\_ Denied \_\_\_\_\_

Interfere with prosecution: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Notes/comments: \_\_\_\_\_