



CREST HILL
POLICE DEPARTMENT
20590 City Center Blvd
Crest Hill, IL 60403
815-741-5115
cityofcresthill.com

FREEDOM OF INFORMATION ACT REQUEST (FOIA)

Date of Request: _____

Name: _____

Address: _____

Email: _____

Phone _____ Cell _____ Fax _____

For Police Reports:

Report number: _____ Incident Date/Time: _____

Location: _____

All Other Requests/Records/Additional Information:

I understand that the City of Crest Hill Police Department will respond to this request within five (5) business days. If this request requires an extension, you will be notified in writing that additional time is needed

Signature: _____

Office Use Only

Received By: _____ Date: _____

Approved By: _____ Date: _____

Fee Schedule:

\$0.15 cents per page after first 50 pages (black & white)
\$0.15 per page for color copies
\$1.00 per Audio CD/Photo DVD
\$20.00 Traffic Reconstruction Report