

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

Willowbrook Police Department
7760 Quincy Street
Willowbrook, Illinois 60527

Date of Request _____

Time of Request _____

Requested by: _____

Name (Please Print)

Street Address

City, State

Zip Code

Phone Number

Signature

DESCRIPTION OF REQUESTED RECORD(S) OR CASE NUMBER(S): _____

Please indicate if you wish to inspect the above referenced records, or wish a copy, or both:

_____ Inspection _____ Copy _____ Both

COMMENTS OR REMARKS: _____

WILLOWBROOK POLICE AUTHORITY