



**CITY OF PARK RIDGE
POLICE DEPARTMENT**

200 S. VINE AVE
PARK RIDGE, IL 60068
TEL: 847/318-5252
FAX: 847/318-5308
TDD: 847/ 318-5252
www.parkridgepolice.org

FREEDOM OF INFORMATION REQUEST

Name _____ Date _____

Address _____ Date of Birth _____

Report Number _____

Date/Time of Incident _____

Signature _____ Type/Nature of Incident _____

Telephone Home _____ Location of Incident _____

Work _____ E-Mail Address _____

Is this information to be used for commercial purposes? Yes _____ No _____

***Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.

Records requested:

Please indicate if you wish to inspect the above captioned records or wish a copy of them:

_____ Inspection _____ Copy _____ Both

Do you wish to have copies certified? _____

Charges:

Certifying a document \$1.00
Copying: From the copy machine - (.15 per page, after the first 50 pages
for black and white, letter or legal sized)
Oversized: actual cost
Color copies: actual cost
Accident reports: \$5.00 (pursuant to 625 ILCS 5/11-416)
Accident reconstruction report: \$20.00 (pursuant to 625 ILCS 5/11-416)

***** OFFICE USE *****

Date Received

Date Response Due (if no extension)

Fee _____ Date Request filled _____

Date Response Due (if extension)

Explain _____

Request filled by _____

Mission Statement The overall mission of the Police Department is to reduce the frequency and severity of external harm to persons and property; to quickly render hazardous situations safe; to rescue the endangered; to help people to live peaceably together; to maintain an atmosphere of personal security; and to identify and utilize community resources to solve criminal and social problems.