**Logan County Sheriff's Office**
**Logan County Safety Complex**
**911 Pekin Street**
**Lincoln, IL 62656**
**Ph. 217-732-4159**
**Fax 217-735-5183**

**OFFICE USE ONLY- DO NOT WRITE IN BOX**

Date Received: _____
Request Name: _____
FOIA Officer: _____
Response Due: _____
☐ Approved ☐ Denied ☐ Partially Approved
Notes: _____

# Freedom of Information Request Form

**Submit requests to:**

- Mail/In Person: FOIA Officer, 911 Pekin Street, Lincoln, IL 62656

**Instructions:** *Please complete all applicable sections of this form to help us process your request efficiently. Submit via email, mail, or in person to the above contact information. Under the Illinois Freedom of Information Act (5 ILCS 140/), we will respond within 5 business days for non-commercial requests or 21 business days for commercial requests. Incomplete forms may delay processing.*

**For questions, contact the FOIA Officer at 217-732-4159**

## Requester Contact Information

Full Name: _____ Date of Birth:_____

Organization (if applicable): _____

Address: _____ City, State, ZIP:_____

Phone: _____ Email: _____

## Request Type

Please check one:

☐ Non-Commercial Request (e.g., personal, journalistic, public interest)

☐ Commercial Request (e.g., for sale or profit, as defined by 5 ILCS 140/2(c-10))

If commercial, please describe the intended use of the records:

_____

_____

## Records Requested

Please provide as much detail as possible to help us locate the records efficiently. For body-worn camera (BWC) footage, specific details are required to determine disclosability under 50 ILCS 706/10-20. Incomplete or overly broad requests may be deemed unduly burdensome, and we will work with you to narrow the scope.

1. **Type of Records Sought (check all that apply):**
   ☐ Body-Worn Camera (BWC) Footage
   ☐ Incident or Case Reports
   ☐ Arrest Records
   ☐ Other (specify): _____

2. **Description of Records: Provide a detailed description, including:**
   - Specific Incident or Event (e.g., arrest, use of force, traffic stop, traffic accident):
     _____
   - Date(s) or Date Range (e.g., July 1, 2025, or July 1–15, 2025):
     _____

- Time of Day (if known, e.g., approximately 3:00 PM) _____
- Location (e.g., street address, intersection, or general area):
  _____
- Incident Number or Case Number (if known):_____
- Individuals Involved (e.g., names of officers, subjects with DOB, or witnesses, if known):
  _____
  _____
- Additional Details (e.g., specific camera angle, duration of footage, or related documents):
  _____
  _____
  _____
  _____

3. **Preferred Format**:
   ☐ Electronic (e.g., email, USB drive)
   ☐ Paper copies (for non-video records)
   ☐ Other (specify): _____

   **Note:** *BWC footage may require redactions for privacy or other exemptions under 50 ILCS 706/10-20. Some records may not be disclosable unless you are a subject of the footage or it involves a flagged incident (e.g., use of force, arrest).*

## Additional Information

1. Body-Worn Camera (BWC) Footage: If requesting BWC footage, are you:
   ☐ A subject of the footage (e.g., person recorded or officer), **Please submit Photo ID with request**
   ☐ Requesting flagged footage (e.g., use of force, arrest, or incident under investigation)
   ☐ Other (specify): _____

2. **Public Interest**: If you believe this request serves a public interest (e.g., promotes public health or safety), please explain to request a fee waiver**:**
   _____

## Fee Acknowledgment

- Non-Commercial Requests: No fees for personnel time. Actual cost of recording medium (USB drive, DVD, CD $5-10). For voluminous requests (>500 pages or large file sizes), fees may apply: $20 (≤2 MB), $40 (2–4 MB), $100 (>4 MB). Paper copies: First 50 pages free (black/white, letter/legal); $0.15/page after.
- Commercial Requests: Personnel time at $10/hour after first 8 hours, plus medium costs and voluminous fees (if applicable).
- A fee estimate will be provided if applicable. Fees may be waived for approved public interest requests.

**Acknowledgment: I understand that fees may apply as described above and agree to pay any lawful fees associated with this request.**

**Signature: _____ Date: _____**