

ST. CHARLES POLICE DEPARTMENT

FOIA Request Form

Requester's Name:

Address:

Phone Number:

Fax Number (optional):

E-Mail (optional):

Subject:

Purpose of request :

In order to help to determine status to assess fees, select:

- An individual seeking information for personal use
- Affiliated with an educational or noncommercial institution, and this request is made for a scholarly purpose
- Affiliated with a private corporation and seeking information for use in the company's business
- A representative of the news media and this request is made part of news gathering and not for commercial use

Enter media name:

Select type of Media:

- Newspaper
- Magazine
- Television Station
- Other

Enter maximum amount you are willing to pay: \$

Explanation for a request for a waiver of fees:

Additional Comments:

This form cannot be used for Privacy Act requests for information about a third party.