

REQUEST FOR RECORDS
UNDER THE FREEDOM OF INFORMATION ACT (FOIA)

Date: _____ Time: _____

Creve Coeur Police Dept
105 N. Thorncrest Ave.
Creve Coeur, Illinois 61610

PERSON(S) MAKING THE REQUEST

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

RECORDS REQUESTED

*Provide as much specific detail as possible so the CCPD can identify the information that you are seeking. (If additional space is needed for your request, please use the backside of this page.)

- 1.
- 2.
- 3.
- 4.

=====

FOR OFFICE USE ONLY

RECORDS PRESENTED

**REASON(S) FOR DENIAL
OF RECORDS**

- 1.
- 2.
- 3.
- 4.

- 1.
- 2.
- 3.
- 4.

REQUEST TAKEN BY: _____