

**FREEDOM OF INFORMATION ACT REQUEST FORM**

Effingham County Sheriff's Office  
101 N. 4<sup>th</sup> Street, STE 101  
Effingham, IL 62401  
Telephone: 217-342-2101

**Email: foia@effinghamcountyil.gov**

**NOTE the following information:**

Any fees incurred as a result of your F.O.I.A. request **MUST be paid in full** before the records are released.

The following fees are applicable to F.O.I.A. requests:

**Certified Mailings:** \$8.15 for the first ounce and \$.20 for each additional ounce.

**Additional Pages:** First 50 pages are free; each additional page is billed at \$.15.

**DVD/CD Requests:** Each requested DVD or CD will be billed at \$.75.

You can request a fee waiver if your request is in the "Public Interest" which can include the health, safety, and welfare or the legal rights of the GENERAL PUBLIC. Requests of a personal or commercial benefit are not eligible for a fee waiver.

Requestor Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Requestor Address: \_\_\_\_\_

I wish to: \_\_\_\_\_ Is the requested information going to be used for commercial purposes?

Are you requesting a fee waiver? (see the above notice):

**DESCRIPTION OF PUBLIC RECORD**

To expedite records searches, please be as specific as possible when completing the following fields.

Report #: \_\_\_\_\_ Incident Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Incident Type: \_\_\_\_\_ Investigating Deputy: \_\_\_\_\_

Additional Details: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agency Response: (Agency Use Only)**

Request Approved: \_\_\_\_\_ Request Partially Denied \_\_\_\_\_ Request Fully Denied: \_\_\_\_\_

**Associated Fees:**

Certified Mail: \_\_\_\_\_ Additional Pages: \_\_\_\_\_ CD/DVD: \_\_\_\_\_ Total Due: \_\_\_\_\_

Date Received: \_\_\_\_\_ Due Date: \_\_\_\_\_

Date of Reply: \_\_\_\_\_ Response by: \_\_\_\_\_