Fee Schedule:

- Accident Report $5
- Immigration/Background $75

*Requests for Immigration purposes must include a copy of a picture ID with date of birth

Harvard Police Department
PO Box 310
Harvard, Illinois 60033
815-943-4431

Freedom of Information Act Request

Date ________________________

Name of Requestor: ________________________________________________

Requestor’s Address: _______________________________________________

City/State/Zip Code: ________________________________________________

Telephone Number: _________________________ E-Mail Address: ____________________________

Describe in detail the public records you are requesting:

Report Number: ________________________________________________

Description (if no report number- please include location/date/persons involved):

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

The Harvard Police Department will respond to the above request within five (5) working days from the above date unless one or more of the seven (7) reasons for an extension of time provided for in Section 3 (d) of the Freedom of Information Act are invoked by the City.

Is this request for a Commercial Purpose? ☐ Yes ☐ No

It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140/3.1C

Please indicate if you wish to inspect the above-mentioned records or wish a copy of them.
☐ Inspect  ☐ Copy  ☐ Both

Please indicate preferred format to receive records:
☐ Pick up  ☐ Electronic  ☐ 1st Class Mail

____________________________________________________
Signature of Requestor

Date Request Received _______________  Date Due _______________  ☐ Approved  ☐ Denied

Date Picked Up/Mailed/Emailed: _______________

Signature: ______________________________________________________

Comments: _____________________________________________________