

FREEDOM OF INFORMATION ACT REQUEST RECORDS CHECK FOR IMMIGRATION

Harvard Police Department
PO Box 310
201 W. Front Street
Harvard, Illinois 60033

815-943-4431

Date of Request: _____

Name of person requesting report: _____

Address: _____

Telephone Number: _____

Report Number: _____

If you know the report number it will help to expedite the process.

Describe in detail the public records your are requesting.
We need the location, date and persons involved.

If this request is for immigration purposes we need your Social Security Number, Date of Birth and a picture ID.

The Fee Schedule is as follows:

Police Report	\$05.00
Accident Reconstruction Report	\$20.00
Immigration letters & background Checks	\$35.00

If there is any further cost we will inform you before we fill the request.

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

Denied

Approved

Date picked up: _____

Signature of person picking up report: _____