

Jefferson County Sheriff's Office (JCSO)  
**FREEDOM OF INFORMATION**  
Request for Examination or Copy of Records  
**-PLEASE PRINT LEGIBLY -**

**REQUESTORS INFORMATION:** Date of your request:

Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Date / Time of Incident: \_\_\_\_\_ Case Number \_\_\_\_\_  
Type of Incident (IF APPLICABLE): \_\_\_\_\_  
Location of Incident (IF APPLICABLE): \_\_\_\_\_

I am requesting the following record(s) for inspection / copying:

\_\_\_\_\_  
\_\_\_\_\_

*\*There is a \$ .15 charge per page for all pages over 50  
and \$ .15 per page for color copies, when available.*

**THE BELOW ITEMS WILL BE COMPLETED BY SCSO PERSONNEL:**

1. Date request received at JCSO: \_\_\_\_\_
2. Name of Person who received the request at JCSO: \_\_\_\_\_
3. Date response is due: \_\_\_\_\_

**Response to Information Request**

Date of compliance with request: \_\_\_\_\_ By: \_\_\_\_\_  
Date of time extension agreement: \_\_\_\_\_ By: \_\_\_\_\_

Should your request be denied in full or in part, you will be notified by separate letter. If so, the below information will be applicable.

**REQUEST FOR REVIEW:** If your request for records has been denied, in-whole or in-part, you have the right to appeal this decision to: Illinois Attorney General's Office  
Public Access Review  
500 S. 2nd Street  
Springfield, Illinois 62706  
217/558-0486  
publicaccess@atg.state.il.us

You may also appeal your denial through the Jefferson County Circuit Court.