



Quincy Police Department Freedom of Information Request Form

Quincy Police Dept.
110 S. 8th Street
Quincy, IL 62301
Phone: 217-228-4470
Fax: 217-228-4513
e-mail:foia-qpd@
quincyl.gov

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email address: _____
Person you are representing: _____
Commercial purpose: Yes _____ No _____

Please complete this section:

Person(s) involved in case: _____ Date(s) of birth: _____
Type of offense: _____ Case file #: _____
Date and location of offense: _____

This part is optional, but will assist us in providing information:
Description and reason for request for records (please be specific):

Please choose one: Inspect records _____ Copy records _____

Requestor's Signature: _____ Date: _____

For office use only:

Name/Title of person receiving request: _____ Date: _____

Due date: _____ Request #: _____

Pending case: Yes _____ No _____ Approved _____ Denied _____

Interfere with prosecution: Yes _____ No _____

Signature of Reviewer: _____ Date: _____

Notes/comments: _____

If an FOI request is denied, the requestor has a right to appeal the denial to the Public Access Counselor (PAC) at the Attorney General's Office. Public Access Counselor, Office of the Attorney General, 500 S. 2nd Street, Springfield, Illinois 62706, 877-299-3642, publicaccess@atg.state.il.us. The requestor also has the right to judicial review.