

## Freedom of Information Act Request Form Hodgkins Police Department 6015 Lenzi Avenue Hodgkins, Il 60525

(708) 352-4623 Fax: (708) 579-6712

| Requestor's Name:   |  |                                     |  | Telephone:       |          |             |        |
|---|--|-------------------------------------|--|------------------|----------|-------------|--------|
| 1   |  |                                     |  | 1                |          |             |        |
| Addres  | ss:  |                                     | City:  | Date:            | State:   |             | Zip:   |
| RECOl<br>involve  |  | : Mark records requested below. I   | Please be specific. ( Report nu  | ımber, dates, n  | names of | fparties    |        |
| Printed   | d Records:   |                                     |  |                  |          |             |        |
| Reque   | stor's Signature   |                                     |  |                  |          |             |        |
| Attn: <b>F0</b><br>days <i>aft</i>                                  | OIA or fax your fer receipt. (Onc  | •                                   | IA Officer will respond to a reday extension begins)  RTMENT USE ONLY) |                  |          |             | orking |
| Those parts of your request which have been approved:  Are Enclosed |  |                                     |  |                  |          |             |        |
| -   |  |                                     |  |                  |          |             |        |
|   | Will be made available upon payment of copying costs in the amount of \$  May be inspected at: Date:   |                                     |  |                  |          |             |        |
|   | May be inspec  | cted at:                            |  | Date:            |          |             |        |
| The fo  | llowing portion  | s of your request have been denied  | d for the reasons cited:   |                  |          |             |        |
|   | FOI Exemption 140/7(1)(a) in that the information is specifically prohibited from disclosure by federal or state law. Specifically the Juvenile Court Act  |                                     |  |                  |          |             |        |
|   | FOI Exemption 140/7(1)(b) in that the information is private information that is unique to that individual and therefore may not be released in order to prohibit any concern of identity theft          |                                     |  |                  |          |             |        |
|   | FOI Exemption 140/7(1)(c) in that the information contains personal information whereas the disclosure could constitute an unwarranted invasion of personal privacy.                                     |                                     |  |                  |          |             |        |
|   | FOI Exemption 140/7(1)(d)(i) in that the information would interfere with pending law enforcement proceedings  |                                     |  |                  |          |             |        |
|   | FOI Exemption 140/7(d)(iii) in that the case is still pending in court and could create the substantial likelihood would be deprived a fair trial.   |                                     |  |                  |          | hood that a | person |
|   | FOI Exemption 140/7(d)(iv) in that the information would unavoidably disclose the identity of a person who filed a complaint with or provided information to an investigative or law enforcement agency. |                                     |  |                  |          |             |        |
|   | FOI Exemption 140/7(1)(d)(v) in that the information would disclose unique or specialized investigative techniques.  |                                     |  |                  |          |             |        |
|   | The individu   | als who have reached the determinat | tion that the record (s) you hav                                       | e requested are  | to be de | nied are:   |        |
|   | NAME:  |                                     | T:41 A d::-4.  | rative Assistant | EOIA O   | .cc         |        |

Request for Review: Public Access Bureau 500 S. 2nd Street Springfield, IL 62706 1-877-299-3642 publicaccess@atg.state,il.us