

Freedom of Information Act (FOIA) Camera Footage Request

Name _____ Date _____

Email _____ Phone _____

Address _____

Date of Footage Requested _____ Time of Footage Requested _____

Approximate Location of Footage Requested _____

Signature _____

Description of Footage Requested

If your request involves footage of one or more vehicles, please provide as much information about the vehicle(s) as possible, such as make, model, and/or color.

For Library Personnel to Complete

The information required by this form is mandatory in order to comply with 5 ILCS 140/1.
Failure to so provide may result in this form not being processed.

FOIA Officer _____ Signature and Date _____