

## 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.

Downloaded and completed form can be emailed to [foia@papl.info](mailto:foia@papl.info).

***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 \_\_\_\_\_