



Momence Police Department

INFORMATION REQUEST

This section to be completed by the "Requester"

REQUESTS FOR INFORMATION HELD BY THE MOMENCE POLICE DEPARTMENT MUST BE MADE IN WRITING. VERBAL REQUESTS FOR INFORMATION WILL NOT BE HONORED.

Your Name: _____

Your Mailing Address: _____

Daytime Phone Number: _____

Signature

Date

Please identify the information you are requesting.

Case Number: _____

If you do not know the **Case Number**, please answer as many of the following questions as you can:

Date of Occurrence: _____

Location of Occurrence: _____

Parties Involved: _____

You may either leave this request with the Momence Police Department Records Department at 123 W. River St., Momence IL. 60954, fax it to (815) 472-6152, or email to: bbrucato@cityofmomence.com

DO NOT WRITE IN THIS SPACE. RELEASE INFORMATION ONLY.

(Revised 06/21/12)

OFFICER

=

Signature

Date

SUPERVISOR:

Signature

Date

ID VERIFIED BY:

Records Clerk

Date

REQUESTERS SIGNATURE:

Signature

Date