

Kankakee County Sheriff's Department

www.kankakeecountysheriff.com

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FREEDOM OF INFORMATION ACT REQUEST FORM

Date Requested: _____

Requestor's Name: _____

Street Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone #: _____

Fax #: _____

Request Submitted Via: Mail In Person Fax

RECORDS REQUESTED: *(Provide as much specific detail as possible. You may attach additional pages, if necessary.)*

Please indicate if you wish to inspect the above records or wish a copy of them:

Inspection Copy Both

Type of Copies (Select all that apply):

Paper Copies Black & White Color *(if available, at an add'l charge)*

Electronic Copies (specify format) _____

Is this request for a Commercial Purpose? Yes No

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

For Office Use Only

Date Received: _____ Received by: _____ Date Due: _____

Approved: _____ Denied: _____ No record Found: _____ Date: _____

Reason for Denial: _____