Will County Sheriff's Office 14 W. Jefferson Street Joliet, IL 60432

Freedom of Information Act Request

Date Requested:					
Request Submitted B	y: E-mail	U.S. Mail	Fax	In Person	
Name of Requester:_					-
Street Address:					-
City / State / County	/ Zip (required):				-
Telephone (optional):			E-mail (op	tional):	
Fax (optional):					
Records Requeste the information that					riff's Office can identify
Do you want copies	of the documents?	Yes	No		
Do you want El	ectronic Copies or	Paper Co	pies?		
	Freedom of Inform	ation Act for a p	erson to kno		ic record for a commercial y the public body. 5 ILCS
attach a statement of	g that the Will Cou the purpose of the	e request, and v	vhether the	principal purpose of	the documents, you must of the request is to access he general public. 5 ILCS
** Note to Requester: with the Public Acces				•	o file a Request for Review **
Date and Time Recei	ved:			Due Date:	