



Sheriff Richard Watson

St. Clair County Sheriff's Department
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FREEDOM OF INFORMATION ACT REQUEST

Name and Address of Public Body Receiving Request: _____

Date Requested: _____

Request Submitted By: Email U.S. Mail Fax In Person

Name of Requestor: _____

Street Address: _____

City/State/County/Zip(required): _____

Telephone: _____ Email (optional): _____

Fax (optional): _____

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

- Do you want copies of the documents? Yes ___ No ___
- Do you want *electronic copies (if available) or paper copies? _____

(*Pursuant to Illinois State Statute this office is only required to produce electronic copies in the format in which they are maintained.)

Is this request for commercial purpose? Yes No ___

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record or 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©).

Are you news media or a non-profit, scientific or academic organization? Yes ___ No ___

Are you requesting a fee waiver? Yes ___ No ___

(If you are requesting that the public body waive any fees for copying the document, you must attach a statement of purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public 5 ILCS 140/6(c)).