

**Village of Seneca
Police Department**

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**Freedom of Information
Request**

DATE: _____

I, _____

Request the following information:

Under the Freedom of Information Act, I realize this request will be either compiled or denied within 5 working days after its receipt. I understand there is a charge associated with any additional pages over 50; feels are calculated at .15 cents per page due *prior* to release of information. Original signed form required prior to information being compiled.

Company: _____

Will this request be used for commercial purposes? yes no

Your Name: _____

Your Phone: _____

Fax: _____

Your Signature: _____

Officer's Signature: _____

Date: _____