



8255 Willow Springs Rd
Willow Springs, IL 60480
www.willowsprings-il.gov

(708) 839-2732
Administrative Phone
Fax # (708) 839-1359

Request for Report

I understand that my request will be fulfilled unless there is an ongoing investigation or litigation and that I will be notified in writing or by phone within **5 to 7 business** days from the date of my request. **I understand that there is a \$10.00 fee for any report issued.**

Accident Report # _____

Incident Report # _____

Date Requested: _____

Date Completed: _____

Requester Information:

Name: _____

Address: _____

Phone: _____

Be as specific as possible in describing the records and/or information you are requesting. Please provide any dates, times, and names to assist the Records Officer in locating the requested report.

Is this information going to be used for commercial purpose: Yes / No

If denied, reason for denial:

Signature: _____ Date: _____