



COOK COUNTY SHERIFF'S OFFICE FREEDOM OF INFORMATION ACT REQUEST



DATE REQUESTED: _____

REQUESTOR NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
NUMBER STREET APT. NUMBER CITY STATE ZIP CODE

DAY PHONE NUMBER: _____ CELL PHONE NUMBER: _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____

REQUEST SUBMITTED BY: IN PERSON U.S. MAIL E-MAIL FAX

RECORDS SOUGHT (please 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):

IS THIS REQUEST BEING MADE 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).

PLEASE RETURN YOUR REQUEST IN PERSON, VIA U.S. MAIL, E-MAIL OR FAX TO:

COOK COUNTY SHERIFF'S OFFICE
ATTN: FOIA OFFICER/LIZ ABRAHAM
RICHARD J. DALEY CENTER
50 W. WASHINGTON, ROOM 704
CHICAGO, ILLINOIS 60602

E-Mail: ccso.foiaofficer@cookcountyil.gov; Fax: (312) 603-4420
For further inquiries, please call (312) 603-3396.

PREFERRED RESPONSE: : IN PERSON U.S. MAIL E-MAIL FAX

FOR OFFICE USE ONLY:

Date Received: _____ Requestor Contacted? YES NO

Due Date: _____ Method Sent/Received: U.S. MAIL E-MAIL
 IN PERSON FAX

Date Sent to Requestor: _____ Verified by: _____
(Initials)