

Kendall County Office of the Sheriff

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REQUEST FOR PUBLIC RECORDS

Under the Illinois Freedom of Information Act

Requestor's Name:	Date of Request:
Requestor is Representing:	Telephone (# with area code):
Address (# and Street):	Cell Phone (# with area code):
City State Zip	Email Address:
Records Requested (Please provide as much information below as possible):	
Report Number (A copy of the police blotter is available in the lobby for reference):	Location of Incident:
Type of Incident:	Date/Time of Incident:
Further description to aid in records search:	
Do you wish to inspect or receive a copy of the requested records? Inspect □ Copy □ Both □	
Is this request for a commercial purpose? Yes \(\square\) No \(\square\) (i.e. do you intend to sell the requested records or use the records in advertisement?)	
How would you like to receive your completed request? Pick up in person ☐ Mail ☐ Email ☐ Fax ☐	
Signature	Date
Thank you	