



Madison County Sheriff's Office

405 Randle Street, Edwardsville, Illinois 60225

618-692-6087 Administrative Office

FOIA REQUEST & RESPONSE

Name: _____ Address: _____

Date: _____ Phone Number: _____ Email: _____

Requested Records: _____

Returned records via: USPS email pick up in person FAX # _____

----- OFFICIAL RESPONSE

Notice of Additional Time Needed Date: _____ New Due Date: _____

Reason: _____

Partial Denial or Full Denial of the request as allowed for by the act under Exemption(s):

7(1)(a) – In that the request relates to records prohibited from release by Federal or State law (i.e. Juvenile Arrest Records)

7(1)(b) – Private Information such as SSN, Phone Number(s), Addresses, DL numbers are protected from release

7(1)(c) – Releasing the records constitutes an unreasonable Invasion of Personal Privacy of those involved. DOB's and family matters in which personal privacy outweighs the public interest are exempt.

7(1)(d)(i) – The records requested relate to an active ongoing criminal investigation. The release of the records at this point would interfere with the pending law enforcement proceeding.

7(1)(d)(iii) – Releasing the records would Deprive the defendant of a fair trial or an impartial hearing

7 (1)(d)(iv) – Releasing the records would reveal the identity of a confidential source or information

7(1)(d)(vi) – Releasing the information would endanger the safety and life of an individual(s)

Other: _____

The Act allows a public body to demand payment of copying fees before providing records. A standard \$.15 for each black-and-white 8 ½ X 11page, after fifty (50) pages, will be applied. A standard \$.36 per compact disc (CD), and \$.46 per digital video disk (DVD) will be applied. The Fees due before the requested records will be provided is \$_____. You may pay in person or mail payment to my attention at the Madison County Sheriff's Office.

Notice of right to appeal denial of public records: Pursuant to law, you are entitled to appeal the decision denying your request for certain public records to the Public Access Counselor, Office of the Illinois Attorney General, 500 S. 2nd Street, Springfield, IL, Fax: 217-782-1396, E-mail: [publicaccess\[atg.state.il.us\]](mailto:publicaccess[atg.state.il.us). You also have the right to seek judicial review of your denial by filing a lawsuit in the State circuit court 5 ILCS 140/11.

If you choose to file a Request for Review with the PAC, you must do so within 60 calendar days of the date of this denial letter. 5 ILCS 140/9.5(a). Please note that you must include a copy of your original FOIA request and this denial letter when filing a Request for Review with the PAC.

Capt. T. Mike Dixon Initials of S/O Representative _____ Date: _____