

Kankakee County Sheriff's Office

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Sheriff

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Freedom of Information Act Request Form

Date Requested: _____
Requestor's Name: _____
Street Address: _____
City / State / Zip: _____
Email Address: _____
Phone Number: _____
Fax Number: _____

Request Submitted Via: ☐ Mail ☐ In Person ☐ Fax ☐ Email

Records Requested: (Provide as much specific detail as possible. You may attach additional pages if necessary)

Indicate if you wish to inspect the above records or wish a copy of them:

☐ Inspection ☐ Copy ☐ Both

Type of Copies (Select all that apply):

☐ Paper Copies ☐ Black/White ☐ Color (If available, at an add'l charge)

Electronic Copy (Specify format) _____

Is this request for a commercial purpose? ☐ Yes ☐ No

(It is a violation of the Freedom of Information Act for a person to knowingly obtain public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by a public body) 5 ILCS 140.3.1(c)).

For Office Use Only:

Date Received: _____ Received By: _____ Date Due: _____
Approved: _____ Denied: _____ No Record Found: _____ Date: _____
Reason for Denial: _____