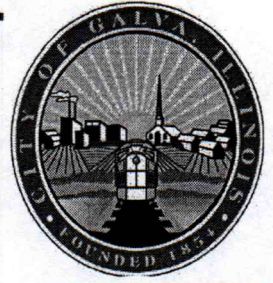




GALVA POLICE DEPARTMENT

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galva.police.dept@mchsi.com (309) 937-3911 Dispatch



Kraig R. Townsend
Chief of Police

FREEDOM OF INFORMATION REQUEST FORM

Name	Date of Request
Address	Person or Entity Represented
City, State, & Zip Code	Method of Contact
Telephone	Email ☐ Phone ☐ Fax ☐ Mail ☐

PUBLIC RECORD REQUESTED: Please provide as much specific details as possible so this department can identify the information that you are seeking. You may attach additional pages, if necessary.

NOTICE: Unless otherwise notified, your request for public records will be compiled within seven (7) working days after its receipts.

Signature	Date
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Submitted to:

☒ Chief of Police

☐ Immediate Supervisor