

FREEDOM OF INFORMATION
Request for Examination or Copy of Records

-PLEASE PRINT LEGIBLY-

REQUESTERS INFORMATION: Date of your request: _____

Name: _____

Address: _____

Telephone: _____ Relationship to Decedent: _____

Name of Decedent: _____

Date of Death (If Known): _____

Records Requested:

____ Autopsy Report (\$50) ____ Autopsy Photos (\$3 per photo)

____ Coroner's Report (\$25) ____ Scene Photos (\$3 per photo)

____ Toxicology Report (\$25) ____ Inquest Verdict (\$5)

____ Inquest Transcript (\$5 per page) ____ Other (please specify): _____

Should your request be denied in full or in part, you will be notified by separate letter. If so, the below information will be applicable.

REQUEST FOR PREVIEW: If your request for records has been denied, in-whole or in-part, you have the right to appeal this decision to:

Illinois Attorney General's Office
Public Access Review
500 S. 2nd Street
Springfield, IL 62706
217/558-0486 [publicaccess@atg.state.il.us](mailto:publicaccess[atg.state.il.us)

You may also appeal your denial through the Sangamon County Circuit Court.