

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)

\_\_\_ 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

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

08/06/20