



Tri-Com Central Dispatch
POLICE • FIRE • EMS

REQUEST FOR RECORDS

UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT (5 ILCS 140/1 et seq.)

Requestor's Information

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ FAX: _____

EMAIL ADDRESS: _____ DATE OF REQUEST: _____

If this is a commercial request, please check here (It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for commercial purposes without disclosing that it is for commercial purpose.)

Describe in detail the public records you are requesting in the space provided below.

I would like to:

- Inspect the documents (no copies are necessary)
- Pick up copies of the documents
- Receive the documents via e-mail (if available)

FEES: black & white copies: no charge for first 50 copies;
.15 cents per copy thereafter
cd recordings: no charge for first 2 copies;
.50 cents per cd thereafter

Tri-Com Central Dispatch will respond to this request within five (5) business days and twenty-one (21) days for commercial requests.

RETURN TO: TRI-COM CENTRAL DISPATCH
ATTN: FOIA REQUESTS
3823 KARL MADSEN DR.
GENEVA, IL 60175
FAX: 630-262-1911

<p>FOR OFFICE USE ONLY: Date Rec'd: _____ Rec'd by: _____</p> <p>Response due on: _____</p>
