

FREEDOM OF INFORMATION ACT REQUEST

***Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.*

Southwest Central Dispatch 9-1-1 System

foia@swcd911.org – 708-448-9823 [fax]

Date Requested: _____

Request Submitted By: _____ E-Mail _____ U.S. Mail _____ Fax _____ In Person

Name of Requester: _____

Street Address: _____

City/State/County ZIP (required): _____

Telephone (Optional): _____ FAX (Optional): _____

E-Mail (Preferred): _____

Records Requested: **Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.*

Do you wish to inspect documents on-site? YES NO
Do you want copies of the documents? YES or NO
Do you want Digital Copies or Paper Copies? PAPER DIGITAL

If you want Digital Copies, what format? _____

Is this request for a commercial purpose? YES or NO

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

Are you requesting a fee waiver? YES or NO

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).

Date Needed (Advisory): _____