



CenCom E 9-1-1 Public Safety Communications Center

911 N. Lotus Drive • Round Lake Beach, IL 60073-2444 • Phone (847) 270-9111 • Fax (847) 270-9115

FREEDOM OF INFORMATION ACT - FORM 1

WRITTEN REQUEST FOR RECORDS

Dear CenCom Director (or designee):

(I), (We), are hereby requesting that (I) (We)

_____ Inspect the following records at CenCom.

_____ Receive copies of the following records from CenCom.

(Please be specific in listing records.)

I understand that if I request that the records be copied, I will be charged a set fee of for the actual cost of copying due in full before the copies are made. The current rates are listed below:

\$0.35 per copy per page

\$5.00 per audio/video cassette, VHS Tape, CD-ROM or DVD -R

Printed Name(s)

Signature (s)

Date of request

FOR OFFICE USE ONLY

Date Request Received:

Signature