

Tri-Com Central Dispatch  
Freedom of Information Act



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)

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

**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

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

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