



WEST SUBURBAN CONSOLIDATED DISPATCHCENTER
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RIVER FOREST, ILLINOIS 60305-1798
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**WSCDC RECORD REQUEST FORM
ILLINOIS FREEDOM OF INFORMATION ACT**

I submit this request for records from WSCDC under the provisions of the Illinois Freedom of Information Act.

Requestor Information:

Name:

Current Mailing Address:

Daytime Telephone:

Description of Records Requested: Please provide as complete a description of the records requested as possible, for example, title or subject of document/record, date of issue, person or office issuing the document/record, person or office receiving the document or record.

Type of Request:

- To: Inspect the record(s)
 Obtain a copy of the record(s)
 Obtain a certified copy of the record(s)

Signature of Requestor: _____

Date: _____

Office Use Only:	Request Received By:	(Person Accepting) _____
	Request Received:	Date _____ Time _____
	Request Fulfilled:	Date _____ Time _____