



West Suburban Consolidated Dispatch Center

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River Forest, IL 60305
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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 Number:

Description of records requested: Please provide as complete a description of the records requested as possible (title or subject of record, date/time of record, agency issuing the record, etc).

Type of Request:

Printed copy

Audio copy

Signature of Requestor:

Date of Request:

OFFICE USE ONLY:

Request Received by:

Date Request Received:

Date Request Completed:

Date Request Released:

Request Released to: