



DU-COMM Freedom of Information Act - Request Form

Date of Request: _____ **Requestor:** Please complete first four boxes:

1. Requestor Information (optional):

Printed Name: _____ **Email:** _____

Address: _____ **Telephone:** _____

2. Incident Information:

Complete Location: _____

Date of Incident: _____ **Time:** _____ **Originating Telephone Number** _____
(if known)

Type of Incident: _____

Caller's name and address: _____ (if known)

3. Material Requested:

Please specify the exact request, i.e.: specific piece of information, audio recording of 9-1-1 call, incident record ticket etc.:

4. Please indicate form of requested materials (copies, emailed PDF, CD, WAV file, etc.):

DO NOT WRITE IN BOX BELOW – FIRE/POLICE DEPARTMENT USE ONLY

Police/Fire Department: _____ **Attn.: Chief:** _____
Under the Illinois FOIA statute, can the above request be granted? Yes _____ **No** _____ **If no,**
please indicate reason:

Signature: _____ **Date:** _____