City of Quincy & Adams County
EMERGENCY
9-1-1
PUBLIC SAFETY DISPATCH
POLICE * SHERIFF * FIRE * EMS
9-1-1 COMMUNICATIONS CENTER

Jessica Douglas
Director

222 N. 52nd Street
Quincy, Illinois 62301

(217) 228-4572
Fax: 222-9361

INFORMATION REQUEST FORM

Name: _____ ***FOR OFFICE USE ONLY RECEIVED (DATE / INITIALS):*** _____

Address: _____

City, State, Zip: _____ Phone: _____

Person(s) you are representing (full names): _____

Case File Number (CFN): _____ Date & time of incident: _____

Address or location of incident: _____

Person(s) involved in incident (full names): _____

Description of incident and reason for request of records (be specific, use back of form if necessary):

_____

_____

Please specify manner in which you would like your request to be provided:

Email: _____

Fax: _____

I will pick up the information within five (5) business days

Postal Service – Mail to:_____

_____

Are the records requested for commercial purpose? Yes: _____ No: _____

Please indicate if you wish to inspect the records or have a copy (check one): Inspect: _____ Copy: _____

If copy, indicate items requested: Incident Ticket: _____ Phone Recording: _____ Radio Recording: _____

Requestor's signature: _____ Date: _____

Quincy/Adams County 9-1-1 will respond to a request for public records within five (5) business days of receipt of request. If an Information request is denied, the requestor has a right to appeal to the Public Access Counselor, Office of the Attorney General, 500 S. 2nd Street, Springfield, Illinois 62706, 877-299-3642, publicaccess@atg.state.il.us

== FOR OFFICE USE ONLY ==

Date Request Due: _____ Forward to State's Attorney for Review: Yes: __ No: __ Date Forwarded: _____

Approved: _____ Special Instructions: _____

Denied: _____ Reason Denied: Pending Investigation (may file later): _____ Privacy Exemption: _____

Other: _____

_____

Signature of FOIA Officer: _____ Date: _____