



QUINCY/ADAMS COUNTY 9-1-1

Steve Rowlands
Director

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INFORMATION REQUEST FORM

FOR OFFICE USE ONLY

RECEIVED (DATE / INITIALS): _____

Name: _____

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):

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) working 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

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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: _____