



Lake Consolidated Emergency Communications

FREEDOM OF INFORMATION ACT REQUEST FORM

Date _____ Requestor's Name _____

Company (if applicable) _____

Address _____

City, State, Zip _____

Phone Number _____ Email _____

RECORDS SOUGHT: List records requested below. Please be specific.

Mailing Address for Completed Request: _____

City, State, Zip _____

Requestor's Signature _____

Return completed FOIA Request Form to: **Lake Consolidated Emergency Communications, FOIA Officer, 656 W. Winchester Rd., Libertyville, IL 60048** or by Email at FOIA@lakecomm911.org.

If your request is denied, you may file an appeal to: Public Access Bureau, Illinois Attorney General, 500 S. 2nd Street, Springfield, IL 62701; fax to 217-782-1396; or email to Public.Access@ilag.gov.

(FOR DEPARTMENT USE ONLY)

Request Received by: _____ Received Date: _____

RESPONSE:

Records made available: _____ Date _____

Request denied and reason: _____
