



SECC 911

SCOTT EMERGENCY COMMUNICATIONS CENTER



FREEDOM OF INFORMATION (FOIA) REQUEST

Requestor's Name: _____

Address: _____

City /State/Zip: _____

Phone number: _____

E-mail address: _____

Description of Records Requested: (be as specific as possible):

Signature of Requestor _____ Date of Request _____

Scott Emergency Communications Center will respond to a request for public records within ten (10) business days after its receipt.

Office Use Only:

Response Date: _____ Records Available: Yes _____ No _____

Copies Made: Yes _____ No _____ How Many: _____ Fees Charged: \$ _____

If request denied, provide reason:

