



Charlottesville, University of Virginia, Albemarle County
Emergency Communications Center



Freedom of Information Act Request

<u>Date of Request</u>

Requestor's Name and/or Business:
Requestor's Address:
Requester's Preferred Contact: (Phone, email, fax)

Incident Information

Date and approximate time of incident:
Location/Address of Incident:
Responding Agencies (if known):
Report Number (if known):

Types of Information Requested

Phone Calls

<input type="checkbox"/> All phone calls related to the incident
OR
<input type="checkbox"/> Other (specify):

Radio Traffic

<input type="checkbox"/> All radio traffic related to the incident
OR
<input type="checkbox"/> Other (specify):

Comments

ECC Use Only

FOIA:		Responder:		Internal:	
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Total Time Involved in Research: (Include the time required to type transcript, make recording, interviews, meetings or telephone conversations.)						
Was another CD made of the research?			Yes		No	
Was CD supplied by:	ECC:		Complainant:			
Research completed by:						
Date research completed:						
Copy of CD given to:						