



# Calhoun County Consolidated Dispatch Authority

*Serving Our Community One Call at a Time*

## **FOIA Request Form**

Date of Request: \_\_\_\_\_ Date Received: \_\_\_\_\_

Person/Dept. Requesting Information: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Departmental Use: YES NO

Reason for the Request: \_\_\_\_\_

### **Incident Information:**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Incident # and/or Location: \_\_\_\_\_

Details/Notes: \_\_\_\_\_

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\_\_\_\_\_

### **Processing:**

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Completion Time: \_\_\_\_\_

Processing Time (minutes): \_\_\_\_\_ Cost of Request: \_\_\_\_\_

Request Completed By: \_\_\_\_\_

Date of Payment: \_\_\_\_\_ Type of Payment: Cash Check # \_\_\_\_\_

All FOIA requests that take 30 minutes or less to complete are subject to a flat rate of \$12.00. Any request that takes longer than 30 minutes to complete will be charged an additional .35 cents per minute in addition to the flat rate. This fee will be waived in accordance with fee waivers listed in FOIA and for all agencies that CCCDA services, so long as the request is for departmental use.