



Charlottesville, University of Virginia, Albemarle County
Emergency Communications Center



Freedom of Information Act Request

Date of Request

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

☐

All phone calls related to the incident

OR

☐

Other (specify):

CAD Records

☐

Yes

OR

☐

No

Radio Traffic

☐

All radio traffic related to the incident

OR

☐

Other (specify):

Comments

ECC Use Only

FOIA:		Responder:		Internal:	
-------	--	------------	--	-----------	--

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:							