



SECC 911

SCOTT EMERGENCY COMMUNICATIONS CENTER



FREEDOM OF INFORMATION (FOIA) REQUEST

Requestor's Name: _____

Address: _____

City /State/Zip: _____

Phone number: _____

E-mail address: _____

What are you requesting? Be as specific as possible:

Reason of Request: _____

Signature of Requestor _____ Date of Request _____

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

Email form to tracey.screechfield@scottcountyiowa.gov

Office Use Only: Records Available: Yes _____ No _____

Response Date: _____ Fees Charged: \$ _____

Copies Made: Yes _____ No _____ How Many: _____

If request denied, provide reason: