



Kalamazoo County Consolidated Dispatch Authority



FOIA Request Form

Date of Request: _____ Date Received: _____

Person/Dept. Requesting Information: _____

Telephone or Email: _____ Departmental Use: YES NO

Reason for the Request: _____

Incident Information:

Date of Incident: _____ Time of Incident: _____

Incident # and/or Location: _____

Details/Notes:

Please submit completed requests to admin@kccda911.org or fax to 269-488-4957

Processing: **FOIA Record #:** _____

Date: _____ **Start Time:** _____ **Completion Time:** _____

Processing Time (minutes): _____ **Cost of Request:** _____

Request Completed By: _____

Date of Payment: _____ **Type of Payment:** Cash Check # _____

FOIA fees are estimated and charged in 15-minute increments, with all partial time increments rounded down. If the time involved is less than 15 minutes, there will be no charge for completing the FOIA request. Each additional 15 minute increment will be charged a fee of \$8. This fee will be waived in accordance with fee waivers listed in FOIA and for all agencies that KCCDA services, so long as the request is for departmental use.