

## ILLINOIS WIRELESS INFORMATION NETWORK - STATISTICAL REPORT REQUEST

Department Name: \_\_\_\_\_

Quarter you are requesting a statistical report for:

Quarter #1 (January -March ) \_\_\_\_\_

Quarter #2 (April-June ) \_\_\_\_\_

Quarter #3 (July-September) \_\_\_\_\_

Quarter #4 (October-December) \_\_\_\_\_

Type of report requested (LEADS Responses/Messages Sent/Both): \_\_\_\_\_

Person you want the report sent to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature of  
Director/Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Director/Chief: \_\_\_\_\_

**Please return this form to:**

CMS Customer Service Center (CSC)  
Attn: Repair  
120 W. Jefferson, 2nd Floor  
Springfield, Illinois 62702-5103  
Fax: 217-524-0755

*Please allow 10 business days to receive your report.*

**For additional Information  
contact the CSC  
at 1-800-366-8768  
(in centrex @217-524-4784)**