



Freedom of Information Request

Request information or public records under the provisions of the Illinois Freedom of Information Act (5 ILCS 140/1, *et seq.*) by completing and submitting this form. If you have questions or need assistance, email foia@publichealth.wincoil.gov or call 815-720-4000.

Requestor Information

Date of Request: _____

Full Name: _____
Last First M.I.

Address: _____
Street address Apt./Suite

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if it is requested to do so by the public body. 5 ILCS 140/3.1(c).

Is this request for a commercial purpose? Yes No Is this request for media purpose? Yes No

Business Name: _____ Job Title: _____

Request Information

Select Relevant Categories: Wells/Septic Foods Media Other

Records Requested (*provide as much detail as possible*):

If related to a specific property, provide (*Address/PIN – one per request*):

Address: _____
Street address Apt./Suite

City: _____ State: _____ Zip Code: _____

PIN (if known): _____

How do you want to receive these copies? Email Fax Paper (held for pickup) Other (*specify*): _____
if fax provide number: _____

I understand that any request exceeding 50 pages are subject to an agency charge of \$0.15 per page.

Printed Name of Requestor: _____ Signature of Requestor: _____

Submit completed form via Email, Mail, Fax or in person: **Email:** foia@publichealth.wincoil.gov **Fax:** 815-720-4203
Mail: Winnebago County Health Department, FOIA Officer
 555 North Court Street; PO Box 4009,
 Rockford, IL 61110-0509

FOR OFFICE USE ONLY

Number of Pages _____

Amount Paid _____

Date _____

Receipt Number _____

Initials/Approval _____

Email

Automatically attaches the completed form in a new message through user's default e-mail client. User must finish submission by clicking 'Send.'

Reset

Clears all user-entered text on this form.