



# 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](mailto:foia@publichealth.wincoil.gov) or call 815-720-4000.

## Requestor Information

Date of Request: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

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: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PIN (if known): \_\_\_\_\_

How do you want to receive these copies?  Fax (provide number): \_\_\_\_\_  
 Email  Paper (for pickup)  Other (*specify*): \_\_\_\_\_

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](mailto: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	_____