



DeWitt-Piatt

Bi-County Health Department

PREVENT • PROMOTE • PROTECT

www.dewittpiatthealth.com

REQUEST FOR PUBLIC RECORDS (FOIA)

Date of Request: _____

Name of Requester: _____

Phone No. of Requester (for additional questions): _____

Request Submitted By: (Please note that Oral/Phone requests will not be accepted.)

_____ Mail _____ Email _____ Fax _____ In Person _____ Online

I request the information be: _____ Emailed PDF/similar file _____ Electronic Device _____ Paper Copies

Copies may require limited fees. Electronic device copies may require a fee for the cost of the recording medium such as a flash drive. Paper copies in black and white the first 50 pages are free, and any additional pages are 15 cents per page. Paper copies in color or abnormal sizes will be the charge of the actual copying.

I request that the information be sent via: _____ Postal Mail _____ Email _____ Will Pick-Up

If by postal mail, please provide address: _____

If by email, please provide email address: _____

Is this request for a Commercial Purpose such as for solicitation of sales or services? _____ Yes _____ No

Commercial requests require additional time as allowed by the Illinois Freedom of Information Act.

Additional fees may also be applicable.

Description of Requested Records: (Please be as specific as possible.)

FOR OFFICE USE ONLY:

Received by: _____ Date Received: _____

FOIA Request Approved by FOIA Officer? _____ Yes _____ No Initials of FOIA Officer: _____

Records Found: _____ Yes _____ No Fee Applicable: _____ Yes _____ No

Date Sent: _____ Initials of Employee: _____