



## REQUEST FOR PUBLIC RECORDS (FOIA)

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

Name of Requester (not required): \_\_\_\_\_

Phone No. of Requester (for additional questions but not required): \_\_\_\_\_

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 and use back side of paper if necessary. A list of common categories can be found on the back side of this paper.)

**Common Categories of Records Available:**

- Agendas and Minutes of Board of Health Meetings
- Annual Reports
- Budget Data
- Food Establishment Inspections, Permitting, and Complaint Investigations
- Grant Agreements
- Program Specific Activity Reports
- Septic Inspections, Permitting, and Complaint Investigations
- Total Compensation Reports
- Water Well Inspections, Permitting, and Complaint Investigations

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**FOR OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date on which the period for response will expire: \_\_\_\_\_

*Five (5) business days not including State holidays; FOIA Officer will determine if an extension of time for response is necessary. The first business day is the day after receipt of the request. (5 ILCS 70/1.11)*

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: \_\_\_\_\_