THE COUNTY OF WHITESIDE, ILLINOIS
FREEDOM OF INFORMATION ACT REQUEST FORM
Please send all FOIA request forms to Compliance Officer

DATE: __________________________

REQUESTOR:
Name: _______________________________________________
Address: _______________  ____________________________________
Telephone #: ___________________________________________

INFORMATION REQUESTED (Please be as specific as possible):
________________________________________________________________________________

Will the information requested be used for a commercial purpose(Y/N):_________
I desire to _____ inspect / _____ receive a copy / _____ receive a certified copy.
If copies are to be sent, please indicate where the information should be sent:
   . . . if by e-mail to: ___________________________________________
   . . . if by fax to: ___________________________________________
   . . . if by mail to: ___________________________________________

Copying Charge: 1st 50 pgs - no charge; $0.15/pg B&W, $0.25/pg. Color thereafter whether paper or scanned record for certification.
Whiteside County Health Department is not obligated to prepare any public record which was not maintained or prepared at the time of the request.

Response to Request

_____ request complied with by______________________________
_____ request denied because _________________________________
   (You have the right to appeal under section 11 of 5 ILCS 140(Freedom of Information Act))
_____ additional time to review request needed because ________________________________
_____answer will be provided by ________________________________

_________________________________________________________
Compliance Officer