

Public Health Administrator  
Whiteside County Health Department  
Main Office:  
1300 W. 2<sup>nd</sup> St.  
Rock Falls, IL 61071  
Phone: 815-626-2230 Fax: 815-626-2231



Environmental Office:  
1300 W. 2<sup>nd</sup> St.  
Rock Falls, IL 61071  
Phone: 815-772-7411 Fax: 815-772-4723

Animal Control:  
1701 Industrial Park Road  
Rock Falls, IL 61071-3144  
Phone: 815-625-3507 Fax: 815-625-7559

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

**DATE:** \_\_\_\_\_

(Requests will be answered within 5 business days; 21 business days for commercial requests.)

**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