LakeCounty
Health Department and
Community Health Center
www.lakecountyil.gov/health

3010 Grand Avenue
Waukegan, IL 60085
Phone: 847.377.8000
FOIA Fax: 847.984.5731
E-mail: HealthFoia@lakecountyil.gov

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

Date of Request: _____ **Received by:** _____ Mail _____ Email _____ Fax _____ In Person

Name: _____

Street Address: _____

Telephone: _____ **Fax:** _____

Email (Required to receive records via email): _____

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

_____

_____

_____

_____

Site Address/PIN Number (If applicable)**:** _____

Do you want Electronic Copies or Paper Copies? _____

Is this request for a Commercial Purpose? YES or NO
(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 requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES or NO
(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).

***Note: The Lake County Health Department and Community Health Center will respond to your request within five working days. Response time may be extended an additional five working days under the Illinois Freedom of Information Act Statute. Fees will be assessed in accordance with the statute and requester will be notified prior to a response if there are fees due.**

(For office Use Only)

Date Request Received: _____ **Date Response Due:** _____

Notes: _____

_____

Approved By: _____ **Date:** _____