



FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

****Note to Requester: PLEASE WRITE LEGIBLY.** 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. **The Lake County Health Department and Community Health Center will respond to your request within five business days. Response time may be extended an additional five business 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.****

Date of Request: _____ **Submitted via:** Email _____ Mail _____ Fax _____ In Person _____

Name (first & last): _____

Address (#, street, city, st, zip): _____

Phone #'s: _____ **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 you are seeking. You may attach additional pages, if necessary.

Site Address / PIN Number (If applicable): _____

How do you wish to receive the response? Email _____ Mail _____ Fax _____ Pick Up In Person _____

Is this request for a Commercial Purpose? YES _____ 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 _____ 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)).

(For Office Use Only)

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

Notes: _____

Reviewed & Approved By: _____ **Date:** _____