

**FREEDOM OF INFORMATION ACT (FOIA)  
RECORD / INFORMATION REQUEST**

**FOIA OFFICER:** Lisa Gonzalez, Public Health Administrator

All record requests shall be directed to the FOIA Officer at the DeKalb County Health Department, 2550 N. Annie Glidden Road, DeKalb, Illinois 60115. The Record / Information Request form must be completed in its entirety, dated and signed by the individual making the request. There shall be no charge for the first 50 pages of standard black and white copies. Additional pages shall be 15 cents each. A response to a FOIA Record / Information Request will be made within five (5) business days.

**PLEASE PRINT**

Name of Person Requesting Records	Daytime Phone Number	Cell Phone Number
Street Address	City	State      Zip Code
E-Mail Address	Fax Number	
Records / Information Being Requested <i>(please be as specific as possible)</i>	Purpose <i>Commercial Request - Yes _____ No _____</i>	

Once the information is ready, how do you wish to receive it?

Standard Mail       Will Pick-Up       E-Mail       Fax

I hereby affirm that the information provided is correct to the best of my knowledge.

Signature of Person Requesting Information	Date of Request
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**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ on \_\_\_\_\_  
FOIA Officer      Date

Date Response Due: \_\_\_\_\_

Date Response Sent/Picked-Up: \_\_\_\_\_ via \_\_\_\_\_

Signature of Person Completing Information Request	Date
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