
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

Commercial Request - Yes No

<hr/> Name of Person Requesting Records	<hr/> Company Name (if applicable)	<hr/> Phone Number	
<hr/> Street Address	<hr/> City	<hr/> State	<hr/> Zip Code
<hr/> E-Mail Address	<hr/> Fax Number		

Records / Information Being Requested

[Please be as specific as possible: type of records requested, address, PIN#, common name of property (if applicable)]

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.

<hr/> Signature of Person Requesting Information	<hr/> Date of Request
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FOR OFFICE USE ONLY

Received By: _____ on _____
FOIA Officer Date

Date Response Due: _____ Information Sent Via: _____

<hr/> Signature of Person Completing Information Request	<hr/> Date
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