



**REQUEST PURSUANT TO  
FREEDOM OF INFORMATION ACT**

*Note to Requester:*

*Our ability to complete your request is dependent on our ability to communicate with you. Please write legibly and include all contact information. Provide as much specific detail about your request as possible. Attach additional pages if necessary.*

Date of Request: \_\_\_\_\_

Request Submitted By:  E-mail     U.S. Mail     Fax     In Person     Phone

Name of Requester: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Required for the electronic transmission of data.*

RECORDS REQUESTED \_\_\_\_\_

*Be specific with dates, addresses and names.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want  Electronic    or     Paper Copies?

- **First 50 of black and white copies will be produced free of charge, each page thereafter will be 15 cents per page. All color copies will be 45 cents per page.**

Is this request for a Commercial Purpose?  Yes     No

Request Received By: \_\_\_\_\_ Date \_\_\_\_\_

Sangamon County Department of Public Health Employee

Gail O'Neill  
Freedom of Information Officer

Greg Largent  
Freedom of Information Officer

01/18