



**Sangamon County
Department of Public Health**

**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

01/19

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