



**WILL COUNTY HEALTH DEPARTMENT  
FREEDOM OF INFORMATION ACT (FOIA)  
FREEDOM OF INFORMATION REQUEST**



Mail to: Will County Health Department, 501 Ella Avenue, Joliet, IL 60433  
Fax to: (815) 740-8974  
Email to: [foia@willcountyhealth.org](mailto:foia@willcountyhealth.org)

Date Received: \_\_\_\_\_ Office: \_\_\_\_\_ Due Date: \_\_\_\_\_

The office will respond to a request for public records within five (5) business days after its receipt. If your request is denied, you may appeal.  
Note to Requestor: 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. For additional information, visit: [www.illinoisattorneygeneral.gov](http://www.illinoisattorneygeneral.gov).

PLEASE PRINT:

Requestor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Requested by: \_\_\_\_\_ In Person \_\_\_\_\_ Email \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax \_\_\_\_\_ Telephone \_\_\_\_\_

Records requested (Provide as much specific detail as possible to identify the information that you are seeking. You may attach additional pages, if necessary):

\_\_\_\_\_

(if needed, please use other side for additional information)

Indicate inspection/copy of records:  Inspection  Copy      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) ).

Signature of Requestor: \_\_\_\_\_

Email: \_\_\_\_\_ If possible, do you wish to receive response via email:  Yes  No

FOR OFFICE USE ONLY:

Response: \_\_\_\_\_

Responder: \_\_\_\_\_ Date: \_\_\_\_\_ Information Given to Client:  Yes  No

Records available:  Yes  No    Copies Made:  Yes  No    Number of Copies: \_\_\_\_\_    Copies Given to Client:  Yes  No

Denied/reason: \_\_\_\_\_

Fees: Pursuant to the Freedom of Information Act, the Will County Health Department will charge the following fees. If a specific fee is set by statute, the statutory fee will be charged.

Black and White copies (legal or letter size): No fee for the first 50 pages, \$0.15 for *each* additional printed page.

Color copies:

8 ½ x 11 One-sided \$0.14 per print - Two-sided \$0.25 per print

8 ½ x 14 One-sided \$0.15 per print - Two-sided \$0.26 per print

11x17 One-sided \$0.16 per print - Two-sided \$0.27 per print

*Non-standard sized copies or those that must be commercially reproduced - actual cost per copy.*

This is to certify that a fee of \$ \_\_\_\_\_ was paid by \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_ copies.

Comments: \_\_\_\_\_

(if needed, please use other side for additional information)

FOIA Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_