



**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

Date Received: _____ Office: _____

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.

PLEASE PRINT:

Requestor's Name: _____

Address: _____

Telephone: _____ Fax: _____

Requested by: Email U.S. Mail Fax In Person

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(e)).

Signature of Requestor: _____

FOR OFFICE USE ONLY:

Response: _____

Responder: _____

Records available: Yes No Copies Made: Yes No Number of Copies: _____ Date: _____

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 1/2 x 11 One-sided \$0.14 per print - Two-sided \$0.25 per print
- 8 1/2 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: _____