



**REQUEST FOR PUBLIC RECORDS**  
 UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT

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| (please print)<br>Requestor Name:  | Telephone Number:  |
| (if applicable)<br>Company Name:   | Area Code (    )   |
| Mailing Address:   | Fax Number: (    ) |
| Mailing City, State, Zip:  | Email Address:     |
| Description of Requested Record(s): (Please also see Environmental Health Services records listing as a reference).  |                    |
| <p align="center">Indicate if you wish to inspect records, receive copies of records or both inspect and obtain copies of records.</p> <p> <input type="checkbox"/> Inspection                                      <input type="checkbox"/> Copy                                      <input type="checkbox"/> Inspection and Copy         </p> <p>Please indicate how you prefer to receive copies of records (be sure to complete the contact information above)</p> <p> <input type="checkbox"/> Email    <input type="checkbox"/> Regular U.S. Postal Mail                                      <input type="checkbox"/> FAX         </p> <p>Record inspection takes place at: 111 North County Farm Road, Room 419, 4<sup>th</sup> Floor, Wheaton, Illinois.<br/>         If applicable, copying fees will be quoted once records have been collected. You may request a full or partial fee waiver under limited circumstances.</p> |                    |

By my signature, I, the undersigned, acknowledge that the Freedom of Information Act is not intended:

- To violate individual privacy;
- For the purpose of furthering a commercial enterprise;
- To disrupt the duly undertaken work of the public body.

I understand the Department has five (5) business days to respond following the date the request is received. I also understand the Department may request an additional five (5) business days, if necessary, to fill my request. I further understand that if it is determined that some or all of the requested materials may not be disclosed, I will receive a written denial including the reason for denial and explaining my right to appeal. I also understand that I may be charged with costs associated with this request.

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

\_\_\_\_\_  
Date

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| <b>PLEASE SUBMIT THIS COMPLETED REQUEST TO:</b><br><br>Penny Chanez, FOIA Officer<br>DuPage County Health Department<br>111 North County Farm Road<br>Wheaton, Illinois 60187<br>By email: FOIAHealth@dupagehealth.org<br>Telephone Number: (630) 221-7567<br>Fax Number: (630) 510-5461 | <b>FOR OFFICE USE ONLY</b><br><br>Date Request Received: _____<br><br>Date Response Due: _____<br><br>Copying fee received. Date: _____<br><br>Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ |
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**HEALTH DEPARTMENT RESPONSE TO REQUEST FOR PUBLIC RECORDS**

- The documents will be made available upon payment of copying costs in the amount of \$ \_\_\_\_\_.  
 The documents are available for inspection at the address referenced above.  
 Other, explain: \_\_\_\_\_