



REQUEST FOR INFORMATION

Date of request: _____ Time of request _____

The following individual(s) requested from the Woodford County Health Department the following information:

Individual(s): Name: _____

Address: _____

Phone: _____ Email: _____

Information Sought: _____

Signature of Requestor(s): _____

Signing/typing name above is legally binding (815 ILCS 333/1 et al). The information submitted herein is correct to the best of our knowledge.

Staff use only below this line

The above information was presented to such individual(s) on _____ at _____
(date) (time)

except for: _____

The reason(s) for not providing the above information (or portions of the request) was:

Photocopies of the information were provided to the individual(s) making the request, resulting in _____ copies.

Signature of Employee: _____

Title of Employee: _____

FEE: _____ copies X \$0.10/copy
(First 50 copies free)

TOTAL: _____